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ABSTRACT

In response to increasing requests for funding of parenting education programs, The Pew Charitable Trusts funded a study to examine parenting education in the United States. This resulting report provides a general overview and highlights the "peaks and valleys, risks and opportunities" of the parenting education field. Chapter 1 of the report, "Introduction to Parenting Education," describes the growth of parenting education. Chapter 2, "Getting Grounded: Definitions," defines parenting education, family support, parent, and caregiver. Chapter 3, "Understanding Why: The Compelling Evidence," discusses the urgency of strengthening families because of demographic shifts and increases in child abuse and neglect, juvenile delinquency, crime, and violence. Chapter 4, "The Universe of Parenting Education; A Typology," gives examples of eight types of programs, education, health care, multiple/complex needs, normative, work, special needs, research, and advocacy. Chapter 5, "Descriptive Categories for Parenting Programs," includes discussion of service delivery methods, cultural diversity efforts, and program activities. Chapter 6, "Overview of Content in Parenting Education Programs," describes the typical content of parenting education programs. Chapter 7, "Training, Shared Learning and Practitioner Support," includes inservice and preservice training, certification and standards, and infrastructure. Chapter 8, "Evaluation, Research and Accountability," examines evaluation studies and the issues involved in evaluation. Chapter 9, "Funding of Parenting Education and Family Support," identifies public and private funding sources. Chapter 10, "Review of Key Programs," describes some leading parenting programs. Chapter 11, "Parenting Education and Fathers," outlines major issues surrounding fathering programs. Chapter 12, "Parent Leadership and Advocacy Training Programs," describes programs for parent leadership and advocacy training. Chapter 13, "Conclusions," notes the growing impact of parenting education and needs within the field. (Contains 147 references.) (KB)

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SEE HOW WE GROW

A Report on the Status of Parenting Education in the U.S.

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SEE HOW WE GROW

A Report on the Status of Parenting Education in the U.S.

Prepared by Parents, Inc. for
The Pew Charitable Trusts

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FOREWORD

The following publication emerged from a research project that the Trusts commissioned in 1994 to help us determine what strategic funding opportunities might exist within the broad and still-evolving field of parenting education. We were very fortunate to be able to call upon the expertise of Nick Carter, then president of Parents, Inc., to lead this exploration. Mr. Carter and Lauren Kahn, his research assistant, demonstrated a profound commitment to this critical examination and a deep respect for their important subject matter, and for that we extend to them our sincere thanks.

Although the Trusts subsequently decided not to pursue funding in parenting education for a host of reasons, we immediately realized that this document provides perhaps the first comprehensive overview of the topic and could serve as a helpful framework for others in understanding the present status and potential of parenting education. Therefore, we are very pleased to be able to disseminate this in-depth report and hope that it will serve as a unique contribution to those who have chosen to toil in this vital field.

Nadya K. Shmavonian
Executive Vice President
The Pew Charitable Trusts

December 1996

PREFACE

In the fall of 1994, Nadya Shmavonian, executive vice president of The Pew Charitable Trusts, asked for my thoughts on some of the critical issues facing parenting education. She said that the Trusts had been receiving a growing number of requests for funding in this area and that these proposals paralleled an emerging internal belief that the Trusts should consider a more comprehensive strategy in their support of parents. Initially, I prepared an informal paper for Nadya and her colleagues to consider. Within a few months Pew engaged Parents, Inc., to conduct an investigation into the state of parenting education in the U.S. The assignment asked for a full report that would provide a general overview and highlight the "peaks and valleys, risks and opportunities" of this field.

For the past year I have been about this task. With the able assistance of Lauren Kahn and support of the talented members of the Parents, Inc., staff, I have traveled the country, visited scores of programs, interviewed hundreds of practitioners, authors, researchers and funders, and reviewed an enormous number of programs. Lauren compiled and analyzed mountains of data and became an important reflective partner. There were also many friends and colleagues who read over portions of this document. This report is the result of all that activity.

What is presented here is an overview. It is, as we will say repeatedly, illustrative, not exhaustive. We simply could not interview, see or even review the thousands of programs and practitioners at work in this exciting endeavor. Indeed, we spent a significant portion of our time trying to find a way to understand the vast size of what we were examining. More than once we were nearly overwhelmed by it all and it regularly humbled us. We tried to sort through the reams of information so that we could reveal what seemed to be important to know—at least to the end that one might have a "lay of the land." We hope we have succeeded.

This report is written from the point of view of an insider. For the last four years it has been my privilege to be the president of an organization that is involved with parenting education and family support every day. That's a clear bias. I am in awe of what my peers are accomplishing in this country and believe wholeheartedly in the vital importance of the need to support and strengthen families. It is exciting to have the chance to talk to a major funder about programs for which I feel so passionately. But this position has also given me an opportunity to dig deeper and, perhaps, see things that an outsider might not see. In fact, as I read over what is written here, there are sections that are rather critical. It is, one might say, a "lovers' quarrel" with the field I care so much about.

This critical review has been undertaken because I think we need it and are strong enough to handle it. I must underscore, however, that the tone of this report is one in which I tried to temper my enthusiasm with a pragmatic sense of what it is that we must do to become stronger. If I haven't always hit the mark squarely, so be it. I would rather have taken the risk and provoked honest debate than shied away in fear of offending or annoying.

While we have tried to be thorough, we did not prepare this report to be a scholarly work. Citations are provided where we felt credit was due or that they would be illuminating. Our aim was to give the Trusts a sense of critical issues and trends. Given a choice, we opted for insight over rigorously detailed documentation.

In summary, we found a young and exciting field that is growing rapidly, much like the growth spurts one sees in a teenager. This is the adolescence of an emerging discipline, filled with great promise but plagued by the tensions of maturity and immaturity. Our collective challenge is to understand what nurturing is necessary in order to deliver on the promise of this youth.

I want to compliment the Trusts, Nadya Shmavonian, Rebecca Rimel and the interdisciplinary team who worked with us on this project. The very act of providing the opportunity to visit all these programs and open the lines of communication has already borne benefits. Time and again I had the chance to connect one program with another or share information that was eagerly received. It was also extremely valuable to have the benefit of the wisdom and critical questioning of the program officers at Pew who met with me throughout the investigation. The process was a good one.

Finally, I must thank Kathleen Connolly, Sharon Tyson and Jill Dulany for their patience and skill in preparing this report for publication; Cathie Harvey, Diane Wagenhals and Lynn Benjamin for what they have taught me—their insights are behind much of what is written here; and Sarah Ford, a great cheerleader.

There were many frustrations in this long year, but the rewards were great. It was truly a privilege. I hope this report helps bring greater clarity to our mutual efforts to support parents and nurture children to healthy, happy and whole lives.

Nick Carter
December 1995

Chapter 1

INTRODUCTION TO PARENTING EDUCATION

There is no greater responsibility than raising a child. The health and well-being of children—their sense of self, their values and perspectives on the world—are all indelibly shaped by parents and those who are charged with their care. The nature of this nurturing will in large part determine a child's chances for success or failure in life.

For generations our society has assumed that the capacity to raise a child was instinctive, especially for women. We believed that it was part of the natural order of things. Those women who did not find this innate ability in themselves, or who had doubts about the choices they were making, struggled with an enormous degree of guilt. This guilt was carried silently by mothers—and some fathers—well into this century. Some say it is the most common bond parents share, even today.

First quietly, and gradually more openly, increasing numbers of mothers gave voice to their doubts. They talked to one another—not to their husbands or their doctors—and found a common bond. It didn't happen to every mother on every day, but the issues were always lingering behind the next bout of colic or the next temper tantrum. In some cases the anxiety was enormous and verged on depression, but for a majority it was more a case of not being sure they were doing what was "right." Eventually, the feeling of being overwhelmed with the needs of one's child—needs one was expected to know intuitively how to meet, but couldn't—was revealed to be a near universal experience at some point in almost every mother's life. It wasn't long, then, before these mothers were joined by fathers in acknowledging this heretofore unspoken truth that parenting is a learned skill and not a gift of God.

Fortunately, for most parents there has always been myriad supports and resources available through their own parents, extended families, other mothers, as well as in the wider community. Common experiences, homespun wisdom and practical advice were shared with parents to help them cope and be more effective with their children. It was this dynamic support that made parenting bearable, enabled parents to give more to their children, and increased the joy in parenting. Through the years the requirement for this help has ebbed and flowed, but one fundamental lesson abides:

> *Parents have always needed support in the raising of their children—regardless of their socioeconomic or cultural position.*

In the last generation, however, America changed dramatically and these traditional supports and resources have, one by one, disappeared. America is a highly mobile society, with 43 million people changing their addresses each year (almost half of the U.S. population moved between 1986 and 1990). Today, nearly 75% of women with children under 18 work outside the home (full time or part-time), including 54% of those with children under the age of five. According to the U.S. Census, today 30% of all families are headed by single parents and for African American families that figure is an astounding 63%. This means that by the year 2000 an estimated 7.5 million households with young children will be headed by a single parent, 80% of whom will be headed by a woman. The "traditional" family, two parents (only one of whom worked outside the home) and their biological children living under the same roof in a safe neighborhood, may not exist for more than 10% of the American population (CC-FSA, 1992).

These and an avalanche of other social changes in our "advanced" industrial cultures have had what James Coleman (1987, 1991) has described as a cumulative effect of "eroding the social capital" necessary for children to draw on to become healthy functioning adults. Nowhere is this erosion more visible than in a health care system that allows 13% of children (more than 8 million) and 9% of pregnant women to go without health care insurance (*Commonweal*, 1992).

This means that for a first-time mother chances are good she will be very much on her own. The revolution in health care may have resulted in her being discharged from the hospital within 12 hours of delivery. Her relatives are not likely to live nearby. Because she was working and not home much, she does not know her neighbors. If she happens to be one of the growing numbers of poor in America, chances are high that she is returning to a home where she and her new baby are at risk for a long list of threats to their safety and well-being. And, while the roles are slowly changing for the better, the father of the child, if he is present, is little more prepared or encouraged now than he has ever been for the responsibility he carries (in poor communities there are often disincentives at work—such as a punitive welfare system). The isolation and vulnerability of new parents has become the norm. The support system has all but disappeared, and with it the myth of instinctive parenting.

It is with no surprise then that we read an expanding base of research that points to parenting as one of the leading predictors for some of the most difficult and complex social issues of our time. Child abuse and neglect, delinquency, substance abuse, violence, poor academic achievement, teen pregnancy and many others can trace their roots, directly or indirectly, to how these children were raised. They are what Lizbeth Schorr (*Within Our Reach*, 1989) has called a plague of "rotten outcomes." There is risk in concluding too much from these studies and neglecting the impact of larger issues like poverty, but the connection is certainly clear.

Apart from the risk factors for negative outcomes is another, perhaps not as visible, problem. The challenge of raising a child today is more difficult than it has ever been. Yes, there are many things that are still the same: the stages of a child's physical development are essentially no different now than they were 50 years ago. The joys and frustrations of parenting are, in dozens of ways, just as they have been for centuries. Yet, no generation before this had to explain AIDS to a preschooler or describe a condom to a 7-year-old. Television, videocassettes, cable TV and computers have placed sex and violence before children in a way previously unknown. Pressures for adultlike behavior are burgeoning, including the lowering of the average age of the onset of sexual activity to nearly 15 (the majority of American children have had intercourse by age 17). Where does a mother or father turn for experienced advice and support on these extremely difficult issues?

Finally, as we have learned more about raising children, their developmental needs and the ways in which we can positively affect their health and well-being, the expectations of parents have risen accordingly. We know how to prevent diseases, increase academic achievement and stimulate creativity (at least we think we do). Society communicates, subtly and not so subtly, its expectation that parents will accomplish these things, and much more, with their children at earlier and earlier ages.

> *A majority of American adults, regardless of age, race, marital or parental status, believe that it is harder to be a good parent today then it used to be and that parents today are often uncertain about what is the right thing to do in raising their children.* – "SPEAKING OF KIDS," NATIONAL COMMISSION ON CHILDREN, 1991

In the past, most of the supports for parents were informal: extended families, friends, community groups and churches provided parents with resources, advice and perspective. A few of these efforts were formalized around the turn of the century, first with the U.S. Department of Agriculture's Extension Service and the National Congress of Mothers (which became the National PTA). Soon thereafter the "friendly visitors" to poor families began and then in a more effective manner the settlement houses for new immigrants were launched. Underlying both these formal and informal efforts was a clear sense of shared responsibility for raising children (see Kagan and Weissbourd, 1994), albeit focused on families that were perceived to be "in need."

This state of affairs evolved slowly until World War II. By the time the war had ended, American society had launched itself into a time of convulsive change that has not stopped for 50 years. In no place were these changes felt more dramatically than in the family. Each change, often ushered in as the "modern" way of life, brought its own unique advantages, but also inevitably took its toll. Among the costs of change was the onset of the erosion of that sense of shared responsibility. It is no wonder that parents, especially mothers, who already were feeling anxious about their role and who were now faced with raising a child in a context previously unknown, began to look for new sources of support for their child rearing responsibilities.

In 1946, a book was published by a pediatrician named Benjamin Spock. His *Baby and Child Care* shot to the top of the best-seller lists and remained there for nearly 25 years (he's sold 39 million copies). Of course, Arnold Gesell, Alfred Adler and others had, for many years, been exploring dimensions of parenting as well, but Dr. Spock's book was pitched directly to parents. Many people were perplexed by the popularity of this book. Parents called it their "other Bible" and, "the missing directions" (referring to the old cliché, "my baby didn't come with an owner's manual"). Why would something that's instinctive need a book to tell how to do it? Did it mean that the people who bought the book weren't good parents? Here, in one symbolic publication, the truth that most mothers already knew was revealed: parenting is neither instinctive nor simple, everybody needs help—not merely the "needy."

While there is often a practical need for specific child-rearing information and advice, parents also need emotional support, something that more often comes from another parent than it does from an "expert" or a book. Parents are hungry for a sense of normalcy—particularly first-time parents. They want to know if their child is normal and if *they* are normal. Nowhere is this reassurance more available than from other parents.

These two factors, quality information and meaningful support, have been the bedrock of parenting support for most of this century. But as the traditional informal supports and the sense of collective responsibility disappeared in the last 30 years, parents began to look elsewhere for help. Dr. Spock was symbolic of the initial shift to the medical profession. He was the thoroughly modern answer to this thoroughly modern set of problems. He was the "expert."

Spock became synonymous with a new wave of attention to parenting. The big questions of the day were: "What is the 'best' way to raise a child?" and "How permissive should a parent be?" By 1970 the work of Selma Fraiberg (1959), Thomas Gordon (1962), Eric Erikson (1963), Rudolph Dreikurs (1964), John Holt (1964), Haim Ginott (1965), John Bowlby (1969), and others expanded the popularity and importance of efforts to educate and support parents. *Parent Effectiveness Training* (PET) (Gordon, 1970) and *Between Parent and Teenager* (Ginott, 1965) were the new best-sellers. On a more clinical basis, *Attachment and Loss* (Bowlby, 1969) may have done more to shape the understanding of parental relationships to human development and mental health than any other single work. These few were soon joined by a host of others, each opening a new dimension of the parenting experience, and with each one the avalanche of information for parents built momentum. In less than a decade parenting education had emerged as a legitimate learning activity for millions of parents and an expanding number of practitioners.

It was inevitable that hundreds of grassroots parenting programs began popping up across the country. Initially, the most common source of these groups was childbirth education classes and hospital maternity wards, but there was a decided shift under way. Parents were beginning to have their doubts about how well prepared physicians and other health care professionals were to teach parenting, and it became clear that there were many sources of good information about child rearing, including other parents. It is not surprising then to see that a variety of independent community-based programs were being formed.

For the most part these programs still had a traditional didactic educational format (those who were disciples of Carl Rogers [1951, 1963] or P. Freire [1970] would, of course, take exception). A teacher or "expert" would make a presentation and parents would ask questions. The ever-present "what do you do when..." was usually answered by a rather formulaic response. The approach began with the assumption that there was a real or perceived problem: something was wrong that needed to be fixed. So, while there was an opening to other sources of information and support outside the medical profession, the methods most practitioners used was still very much medical and prescriptive. And for most parents who felt unsure and inadequate, this authoritative answer was reassuring—at least until they got home and found that the suggested solution didn't work.

It was only a small step to the point that parents were demanding a great deal more. Not only did they want more useful information, they wanted a change in the relationship with those who offered help. They had been parents with "problems" to be solved, and they were treated accordingly. Now they were prepared to say that they were as much "experts" on their own child as anyone else, and what they wanted was a partnership with a practitioner who might be willing to share the journey with them. This shift was of geologic proportions. It started slowly and quietly, but has now progressed to the point of changing the entire landscape of work with families.

One of the early manifestations of this shift came in the national Head Start program designed by Ed Zigler and others in the mid-1960s. Launched as part of the Great Society to address the significant problem of poor children who failed to arrive at kindergarten and first grade on a par with other children, this federal program had a profound impact. For the first time on a large scale parents were valued partners in the education of their children. They were given opportunities and genuine power to shape decisions in the Head Start programs. The influence of this program is still being felt nation wide and has shaped the development of many other programs which seek to strengthen families (see R. McKey, et al., "The Impact of Head Start on Families and Communities, Final Report of the Head Start Evaluation," Washington, D.C.: CSR, 1985).

By the 1980s the growth of parenting education was happening at a geometric rate. Programs that had begun as local grassroots enterprises were maturing and coming to have broad influence. In some cases they were driven by efforts to address major social concerns such as school readiness and child abuse prevention, but in others the driving force was simply parental desire to offer the best to their children. Cities and states launched programs and by 1990 national replications had begun. Programs like Missouri's Parents As Teachers, Hawaii's Healthy Families, and Minnesota's MELD and ECFE were setting the pace for a virtual revolution in work with children and families.

These threads have been woven together to create a broad and varied tapestry that now blankets the country in the name of parenting education. There are, in our estimation, more than 50,000 parenting programs reaching millions of parents and caregivers across the country every day. These programs and the families they serve are widely diverse and there are broad variations in the quality of the services they receive. For the most part the programs are small, community-based efforts with budgets under $25,000. Yet there are also multimillion-dollar programs funded by states and the federal government, non-profit parenting programs with hundreds of replicated sites, and a growing number of for-profit businesses that have discovered there is money to be made from these anxious parents. And, lest one think the popularity of the issue has peaked, it must be noted that the media have just discovered parenting. Today there are a half-dozen parenting shows on TV (CNN recently launched one), Oprah has made a major "on-air" commitment to parents, public television will air a 13-week series in the fall of 1996 ("Parenting Works!") and Hollywood (Rob Reiner, in conjunction with AT&T, Carnegie and others) has launched plans for a multimillion-dollar prime time special on parenting to air in the spring of 1997.

As this explosion of interest continues to reverberate and set off chain reactions in hundreds of other places (not the least of which is the health care community), a serious set of concerns confronts this young field. How can we sort through all of these programs and activities? How do we know these programs and services are effective? What are the assumptions about families and healthy parenting that underlie all this activity? Who is doing this "parenting education," what are they saying to families and what qualifies them for their work? What are the hallmarks of a good program and what constitutes best practice? What is the connection between this work and work in other fields? Who is holding these people and programs accountable?

This report will attempt to answer some of these questions. Obviously, we will only be able to begin the process. The breadth and depth of the field is simply too large for any one monograph to encompass. Thus, our aim is to provide a "road map" of terms and types, highlighting what seem to be critical issues for the future. At every turn our intention is to be illustrative, not exhaustive. We readily acknowledge that on each issue we address there are individuals who have devoted far more energy to studying the subject and probably have more insight than we do. What we hope we have accomplished here is—perhaps for the first time—to have taken this subject and attempted to "see the forest." Our interest was to see the whole picture. While we have documented a great deal, our primary objective was analysis, not inventory. There are programs, individuals and activities we undoubtedly omitted. That was inevitable and, frankly, we regret that we didn't have time to discover more, because time and again we were delighted by the incredible range of activity, the dedication of staff and the touching stories we encountered.

Chapter 2

GETTING GROUNDED: DEFINITIONS

No study of this sort can get very far without having to define its subject and the key terms to which it refers. With this particular topic the step is even more critical, as there does not yet exist a consensus on these definitions.

The stated subject of this investigation is parenting education, the variety of activities that take place to enable parents to give the best to their children. Throughout the country there are tens of thousands of programs that have some or all of what they do focused on parenting. Our intent in this study was to look at them generally and identify their commonalities and differences. It was soon apparent that there are so many programs engaged in this enterprise that definitions were going to be one of the biggest challenges we faced.

There are many groups that are themselves quite clear about what they do, but their terms and their definitions are often neither inclusive nor entirely helpful. Many use the term "parent education" (singular). Some say "parent support" (an aversion to "education"). Others say "family life education" (more inclusive?). And a few use the term "family support" to describe activities that are focused entirely on the child-rearing activities of parents.

The family support movement is barely a decade old and it represents a major shift in the assumptions one carries about families, their needs and the practices one employs to aid those families. This new approach has an important place for parenting education, but includes a complex array of services, some of which are only indirectly related to parenting. Our bias is one that sees parenting education as a central strategy of family support, with the latter as the broader more inclusive term. However, more parenting education takes place outside the realm of family support than within it. Thus, we needed a definition that allowed for the broadest reach possible and then provided a subset of those programs and practices that are consistent with family support principles.

TERM: PARENTING EDUCATION

Programs, support services and resources offered to parents and caregivers that are designed to support them or increase their capacity and confidence in raising healthy children. Within the realm of family support, parenting education is seen as a central strategy for nurturing and empowering parents in ways that are consistent with family support principles.

We use the word "parenting" rather than "parent" in an effort to be inclusive of those individuals who are not biological or legal parents, but nonetheless carry the responsibility of raising a child. We use the word "education" to acknowledge that this exercise is, most commonly, a learning activity. There are some who prefer to use the word "support" instead, in part as a negative reaction to the more didactic and "expert"-driven programs, but also, more positively, as an asset-based affirmation. These concerns are of some merit, but we believe that many forms of education can be easily inclusive of these approaches. We also recognize that parenting education is one strategy within a larger array of support services that can be offered to families, and that in many cases it is used in an integrated way with those services (thus harder to identify independently).

The particular approach we affirm is that of family support. This term can include parenting education, but also include child care, job skill training, a full range of health care services, and many other activities designed to strengthen families. What is different about this particular approach is that it is designed to build on a family's assets, marking a dramatic departure from traditional "intervention" services that assumed something was wrong—a deficit.

The number of adherents to family support is growing daily and the reach of the movement is quite impressive. It is premature to say that this new approach encompasses much more than a fraction of the number of services offered to families across the country, however it is fair to say that the "conversion of the mainland" is under way. In local communities, in city and state governments, and in federal agencies, family support is being embraced and is changing the way in which work with families is undertaken. This is the "cutting edge," of which quality parenting education is and must be a part.

The history and scope of family support in the United States has been detailed in fine form by Weissbourd and Kagan (1994). They point out that families have always needed support and that there is a long tradition of providing that support—most often at the community level. There are those, however, who have been particularly effective in providing this support because of their ability to value each family as unique and by their "ecological" approach (a term from Uri Brofenbrenner). These providers acknowledge that families are complex systems and that each functions as part of a larger community. One must, they say, take all these factors into consideration, rather than try to deal with one or two of them in isolation. Every family and every community has a culture of which the child and his or her parents are part.

Carl Dunst (1994) has suggested that there are premises, principles, paradigms and practices that distinguish family support programs. These are characteristics he attempted to synthesize from the studies of others and his own observations on the emerging family support movement.

Dunst identifies five key family support premises:

- Ecological orientation
- Community context
- Value of social support
- Developmental perspective of parenting
- Affirming cultural diversity and promoting cultural competency

His central paradigms are:

- Promotion
- Empowerment
- Strengths based
- Resource based
- Family centered

Throughout this study we will refer to these premises and paradigms, using them as benchmarks for quality parenting education programs. Most often they appear in the narrative, but for many of the paradigms we have presented separate sections within appropriate chapters. As this approach is integrated through the report, it is perhaps valuable to hear Dunst's own words:

> *"Family support programs place primary emphasis on the strengthening of individual and family functioning in ways that empower people to act on their own behalf, and especially efforts that strengthen and support parental child-rearing capabilities. This emphasis is reflected in the careful selection of terms like enhance, promote, nurture and enable to describe the processes of program efforts, and terms like strengthen and empower to describe the outcomes of these efforts."*

This is where our bias will show most clearly. While we attempt to acknowledge the breadth of the field of parenting education, we are strongly convinced that a family support orientation is necessary for effective work with parents.

We did, however, try to retain some objectivity. The family support movement is young. There are many who are not part of it, either consciously or unconsciously. There are programs that employ some family support principles and paradigms, but not all. Where possible, we tried to point this out. We also tried to show places where we found inconsistencies and troubling trends. For instance, there are programs that profess allegiance to a family support approach but have not made the paradigm shift in their practices.

We also acknowledge that there are many prevention and intervention programs that have important parenting education components. We do not, by our definition, seek to deny the importance or validity of these programs. Effective support of families will always require a continuum of service approaches. What we are advocating, however, is a shift to family support paradigms as the essential reference point for all parenting programs.

TERM: FAMILY SUPPORT

A broad array of services and activities that are "designed to enable and empower by enhancing and promoting individual and family capabilities that support and strengthen family functioning in general and parenting capabilities specifically" (Dunst).

While family support is a key reference for us, our focus is on parenting education. The relationship of parenting education to family support and these two in relationship to the broader realm of all work with children and families is, to many, confusing. By these definitions (shown in Graphic No. 1) we are attempting to show that parenting education is a subset of family support, but is not entirely encompassed by it. Indeed, as we note elsewhere, less than a fifth (perhaps no more than 10%) of parenting programs adhere to family support principles. These lines are, of necessity, vague, and Graphic No. 1 might be more accurate if it had wide shaded areas instead of sharp lines.

It would seem that there ought not to be much controversy over definitions of words like family, parent and caregiver, but we found as much looseness here as anywhere else.

TERM: PARENT

Anyone who carries the responsibility for raising a child. Can be a biological parent, a stepparent, a legal guardian, a relative (e.g., grandparent), a sibling, or a member of the child's extended family.

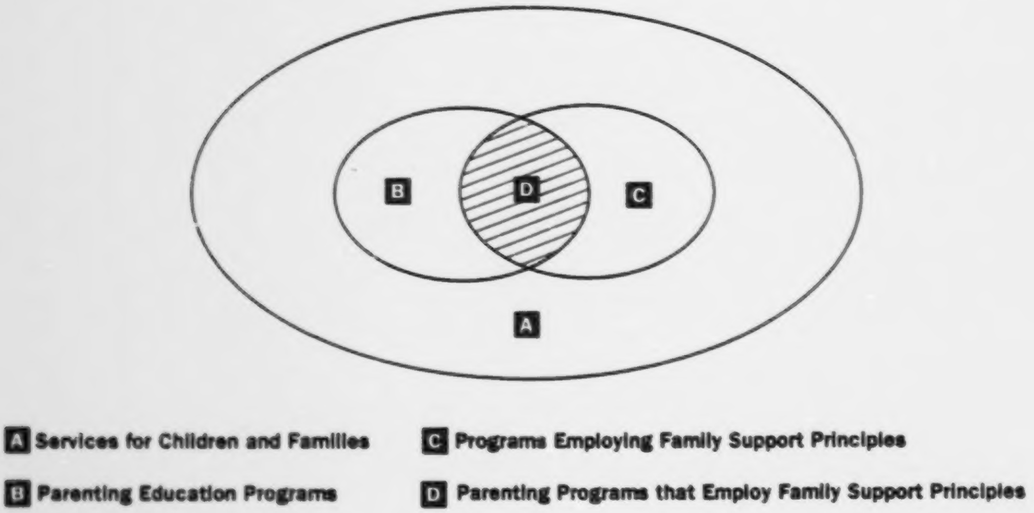
Family. Any grouping of two or more individuals, regardless of legal or biological status, who have made a commitment to live together and share personal and material resources.

TERM: CAREGIVER

Caregivers are those persons who may not be immediately identified as "parents" but who nonetheless play a significant role in providing care and nurture for a child. Can include professionals and paraprofessionals, and volunteers as well as extended family members who share in child care.

These definitions reflect our biases, but are, we believe, representative of an emerging consensus among practitioners and researchers. By declaring our biases, we believe we can facilitate the reader's understanding of our perspective and encourage informed debate. By giving voice to what we perceive as consensus, we hope to help make it real.

The Relationship Between Parenting Education and Services for Children and Families


B
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A Services for Children and Families
C Programs Employing Family Support Principles
B Parenting Education Programs
D Parenting Programs that Employ Family Support Principles

GRAPHIC NO. 1

Chapter 3

UNDERSTANDING WHY: THE COMPELLING EVIDENCE

Why is parenting so important? The case can be made on many levels. First, a child is dependent upon its parents for the essential ingredients of life: food, clothing, shelter, health care, nurturance and love. Second, parents shape a child's attitude, confidence and skills in engaging the world. How a child learns to balance freedom and responsibility, learns to solve problems, develops an eagerness for learning, a sense of self and forms values are all dramatically shaped by parents. Thus, how well prepared parents are for this level of responsibility is of critical importance.

There are—so far—no schools for parents. There are no licenses required (we need a license to fish, but not to raise a child). The only preparatory school for parenting is one's own experience of being parented. Positively or negatively, it is the sole reference point for how the vast majority of parents deal with their own children. Not surprisingly these practices can be rather "charged" emotionally, for to change parenting patterns carries with it the psychological impact of differing from one's parents (and generations before them) and what was deemed to be "good enough for me." The "ghosts in the nursery" haunt every parent's choices. (Despite overwhelming evidence on the detrimental long-term effects of spanking, 66% of parents still spank their children [Strauss, 1995]. When asked why they do, most say: "Well, I was spanked and I turned out OK.")

These family "bequests" and the informal information garnered from friends, neighbors and books are the basis from which most children are raised. It is a well-honed, psychologically laden, but highly amateurish art. Which is, in some ways, as it should be. These family heritages are also the vehicles of culture, value and tradition, which need to be sustained. By their nature they resist being "professionalized." The challenge comes, however, when one finds that these informal practices are unable to meet parental needs and societal standards.

As we suggested in our introduction, the nature of raising children has changed dramatically in the past generation. In part we have been forced to confront and dispel a number of myths that have surrounded the challenge of parenting, but we have also found ourselves living in a time for which there are few precedents. Not even our own parents can help us understand the changing roles of women and men, or, for that matter, most of the social, economic and medical revolutions we face.

Sadly, this is not the entire story. While every parent needs support to raise a healthy, whole child, there are some circumstances that make an even more compelling case for support.

CHANGING FAMILIES

In the last two decades our society has undergone such major demographic shifts that single parents, particularly those who are poor, are becoming a larger portion of the population and facing enormous parenting pressure. The changes are dramatic: in 1991, for example, of the 65.1 million children under age 18, 72% lived with two parents (including stepparents) compared with 77% in 1980 and nearly 88% in 1960. Today that number is below 70%. There has also been a significant increase in children of all races living only with their mothers. Among black children the rate rose from 20% in 1960 to 54% in 1991; for white children the percentage rose from only 6% to 17% over the same period (*Statistical Bulletin*, Apr-May, 1993, p. 2). In 1994 more than three out of five (63%) black American households with children were headed by a lone mother—too often young, poor and never married. In many inner cities, the figure exceeds four out of five.

CHILD ABUSE AND NEGLECT

Nowhere is the need for parenting education and support more obvious than in the prevention and treatment of child abuse and neglect. Studies show that in most reported cases of abuse the abuser is a family member (Daro, Jones, McCurdy, 1993). Unfortunately, the abuser has almost always also been a victim of abuse. It has been estimated that a child who is abused is six times more likely than his or her non-abused counterpart to be an abusive parent (Kaufman and Zigler, 1990). The effects of child maltreatment are devastating for individuals, families and society as a whole. The United States Advisory Board on Child Abuse and Neglect concluded in its 1990 executive summary that child abuse in the U.S. represents a national emergency. Reports of abuse and neglect in 1992 represent a 132% increase in the last decade (American Humane Association, 1993).

Researchers from every discipline have been conducting studies for years to help clarify the etiology of child maltreatment. There have been a number of broad-based theories developed using different theoretical models; each one looks at the role of the parent in relation to psychological, social and environmental factors (Newberger and Newberger, 1982).

What is most clear when looking at the incidence of child abuse and neglect is that the parents with the highest risk of abusing their children are those who are the most seriously stressed (Gelles, 1988). In looking at the profile of an abusive parent, he or she is most likely single, under 30, married for less than 10 years, had his or her first child before the age of 18, is unemployed or employed part-time. Researchers across-the-board agree that "stressful life circumstances are the hallmark of the violent family" (Gelles, 1988).

According to a nationwide parenting report on statewide parenting education programs conducted by the National Committee to Prevent Child Abuse, "research in the child abuse field tells us that the most effective strategy for preventing child abuse is to provide parents with education and support beginning with the birth of their first baby." Furthermore, "the United States Advisory Board on Child Abuse and Neglect recommends a voluntary program of home visits to new parents as the best approach" (GAO report, 1992).

Research suggests 13 variables that may put a child at risk of child abuse and neglect. Among these are the following:

- Births to teenage mothers. In the United States half a million teenagers have babies every year.
- Births to single women. In the U.S. nearly 30% of all births are to unmarried women.
- Children living in poverty. According to the Children's Defense Fund, nearly 50% of all Americans living in poverty are children.
- Children not graduating from high school. In many major U.S. cities 20% to 30% of young people fail to graduate each year.

JUVENILE DELINQUENCY

The long-term effects of child maltreatment cannot be underestimated. "In one of the most detailed studies of the issue to date, research sponsored by the National Institute of Justice found that childhood abuse increased the odds of future delinquency and adult criminality overall by 40%....The study found that being abused or neglected as a child increased the likelihood of arrest as a juvenile by 53%, as an adult by 38%, and for a violent crime by 38%" (Widom, 1992).

According to a report on serious, violent and chronic juvenile offenders, the number one key strategy for preventing and reducing at-risk behavior and delinquency was "strengthen families in their role of providing guidance and discipline and instilling sound values as their children's first and primary teachers" (Wilson, 1993).

According to Steven Buka, a leading researcher in the field of delinquency and violence at the Harvard School of Public Health, "parenting practices are the most powerful predictors of later delinquency" (Buka, 1993). These "parenting practices" include supervision, acceptance, affection, discipline and parental involvement, and they have been recognized as the critical factors in the healthy development of children. According to a research summary published by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), "research confirms that children raised in supportive, affectionate and accepting homes are less likely to become deviant. Children rejected by their parents are among the most likely to become deviant" (Write and Write, 1994).

CRIME AND VIOLENCE

Through the study of child development we know that children model the important adults in their lives. Studies show that children who grow up with parents who are criminals have a greater likelihood of emulating that behavior and becoming involved with law enforcement themselves.

In a report by the National Institute of Justice entitled "Understanding and Preventing Violence," supporting parents in their parenting roles were among the major strategies suggested as violence prevention efforts. These included, (1) programs and materials to encourage and teach parents to be nonviolent role models, provide consistent discipline, and limit children's exposure to violent entertainment, (2) regular postpartum home visits to provide information and teach parenting skills, (3) Head Start to reduce the risk of early-grade failure, a well-known precursor of violent behavior and (4) social learning programs for parents (Roth, 1994).

Researchers at the OJJDP have concluded that a healthy home environment is the single most important factor in preventing delinquency. That environment is characterized by parents' affection, cohesion and involvement in the lives of their children. They are convinced that children need the love, support and acceptance that parents can provide.

CONCLUSION

The evidence continues to mount and the conclusion is inescapable: There has been no time in the history of our country when the need for quality parenting education and meaningful family support is of greater urgency. To neglect this issue is to neglect our children. Our collective responsibility is not, however, merely that of preventing negative outcomes, which—one can readily see—are quite real. It is also, perhaps above all, a responsibility to offer the best we have to every child.

Then too, discussions of parenting and family support tend to lead observers to assume that if we can somehow "deal with these parents," the long and troubling list of societal problems will disappear as a consequence. Parenting education will not solve the ravages of poverty, racism or a demeaning welfare system. And one must be cautious about the complexity of causes that underlie issues like violence, substance abuse and delinquency. At best, parenting education may offer a struggling parent the support needed to feel more capable and confident, which in turn can strengthen the ability to offer the gifts of love, health and heritage to a child. This is the process through which that child can have a chance for success in life, but it does not assure it. Parenting education cannot change the world in which that child grows up; it can only strengthen his or her ability to survive and succeed in it.

This brief chapter identified some of the greatest areas of risk, but being "at risk" refers to far more than individual families or communities. Collectively, these negative outcomes document what can and does "go wrong." What they can't reveal—and therefore what is often overlooked—is the missed potential for every child and the things that "go right."

Thus, we must see that not only every parent needs far greater levels of support than we have been providing, but that our entire society must find ways to elevate the importance of parenting. This prioritizing is substantially different from the dubious debate of "family values" and the confusing political initiatives it has spawned.

Families have not lost their values, and if they had, these values could not be imposed from the outside. What families lack is the societal commitment to support them in tangible and effective ways as they raise their children.

Chapter 4

THE UNIVERSE OF PARENTING EDUCATION: A TYPOLOGY

There are thousands of programs throughout the country, public and private, large and small, formal and informal, that seek to meet the needs of children and families. A significant subset of these programs can be identified as parenting education (or as including parenting education as a major portion of their work). In addition, there are scores of programs that have a parenting component woven into a broader curriculum or service delivery design. These issues make it difficult to identify every program precisely, thus any effort to categorize must begin with an admission of subjectivity. Nonetheless, an adequate number of distinctives exist for us to avoid being paralyzed by this problem.

To better understand the diversity of parenting programs we want to suggest a typology by which programs may be classified. This "universe" is intended to be inclusive of all types of parenting programs (whether family support oriented or not), regardless of their size, scope or base.

Within the universe we recognize eight constellations: education, health care, multiple and complex needs, normative, work, special needs, research and advocacy. We believe that any parenting program can be located within one of these constellations. (See Graphic No. 2.)

For us the critical factor in classifying a program was the fundamental orientation that shaped its development—even if this varies from what is now its primary activity. This means, for instance, if a program was designed to increase school readiness we will locate it in the education constellation of our universe, regardless of the fact that it may be in use for child abuse or violence prevention. The theory and approach that drives it, and (usually) the evidence of its effectiveness, is educational in nature.

We know that many programs cooperate or collaborate with other constellations (e.g., a child abuse prevention program may interact with three or more constellations). This is common and, in our opinion, preferred. However, such partnerships and overlapping designs can often cloud attempts to understand the fundamental orientation of a program or, more importantly, the field in which the evidence of its effectiveness has been established. It may be that an education-based program (designed and proven to be effective in impacting educational outcomes) can have a positive effect in reducing violence. Our concern is that, despite this potential, the program must be seen as "education" in its most essential form and then we can go on to acknowledge its peripheral benefits—not the other way around.

One difficulty facing this young field is that parenting programs can have as much as 75% content overlap and yet be designed to achieve very different objectives. Methodologies, approaches and the intensity of service can vary widely, and these variances are often overlooked while the commonalities are emphasized. We celebrate what they share, but we seek to focus on how they are different.

Other attempts to establish typologies have been focused on family support, which we see as a broader category than parenting education, but not entirely encompassing it (see "Definitions," Chapter 2). However, we see a high level of correlation between the two perspectives. Thus, these earlier efforts are informative.

Kagan and Shelly ("The Promise and Problems of Family Support Programs," *America's Family Support Programs*, 1987) proposed eight types of family support programs: prenatal and infant; child abuse and neglect prevention; early-childhood intervention; parent education and support; home-school linkage; early intervention for child with disabilities; family day care; and neighborhood-based informal support. This approach was much more of a quantitative inventory that grouped common programs. It did not provide much insight into the assumptions upon which the programs were developed and the outcomes they sought to impact.

Levine (Programs to Strengthen Families, FRC, 1988) proposed 10 types: parent resource and education; neighborhood/community-based family support; prenatal, infant and toddler; home-based; school-based; child care and early childhood; workplace programs; child abuse and neglect prevention; advocacy and support; and programs with special needs. We find this to be more useful, but note that he seems to have confused descriptives and methods with assumptions and outcomes.

The difficulty with both of these typologies is (1) there are many programs that cannot be included, (2) parenting education is often employed in each of the categories, and (3) in some cases methods are confused with program type. Kagan and Shelly propose child abuse and neglect as a type and then suggest prenatal and infant as another type. So, too, with Levine, who proposes home-based efforts and child abuse as types. There are a number of well-known programs that target infants as part of their child abuse prevention efforts: the Hawaii model, Healthy Start, is, for instance, a home-based child abuse prevention model that targets infants. Thus, establishing which type of program Healthy Start is would be frustrating.

The typology we are presenting is designed to group programs by basic orientation. Some of our constellations are probably obvious (education, health care), others may be less so (multiple and complex needs). In our presentation we have offered an introduction to each constellation and then listed what we believe to be examples of this type and subtype. We have not differentiated between programs that are exclusively "parenting education" and those that have parenting education as a significant part of what they do. For us the critical factor was the presence of a recognizable set of goals and activities that met our definition.

We noted above that there are many regular and needed interactions between constellations. These cooperative and collaborative activities can be both formal and informal. Most programs are involved in *cooperative* activity, by which they work in a complementary manner with other programs serving the same population. But cooperative activity rarely demands an integration of approach and services. This step is one we define as collaborative. In general, we found that the stronger and more effective programs were those that had made an intentional commitment to this latter approach. Yet, the number of programs that have actually been created as a true *collaboration* (or that have fundamentally altered their design to integrate two or more disciplines) are more the exception than the rule. At the end of this chapter we identify some examples of those programs we feel have made significant collaborative strides.

In the graphic of this typology we have also noted an indicator of the level of intensity of service as outlined in Chapter 5. Thus, as appropriate (excepting research and advocacy), we have noted "L—" to show the range of service intensity usually provided in that constellation.

The Universe of Parenting Education

Education

- Literacy Programs
- Life Skills Programs
- School-Linked Services
- Parent Involvement
- Preschool and Day Care
  - Head Start
  - Day care
  - Preschool
- Readiness Programs

L 1–4

Health Care

- Hospitals
- HMOs
- Departments of Public Health
- Maternal and Child Health Agencies
- MDs and Health Care Professionals
- Private Health Care Agencies
  - Perinatal programs
  - Women's health
  - Immunization
  - Nutrition
  - Childbirth education
  - Lactation groups

L 1–5

Research

- Colleges and Universities
- Centers
- Authors and Invidivdual Researchers

Multiple & Complex Needs

- Divorce and Separation
- Incarceration
- Teen Pregnancy/Parenting
- Abuse/Neglect
- Anti-violence
- Anti-poverty
- Substance Abuse
- Therapy
- Family Preservation
- Kinship Care
- Foster Care
- Adoption
- Residential Treatment
- Child Protective Services

L 2-5

Special Needs

- Disabilities
- Diseases
- Impairments
- MH/MHR
- Developmental Delays
- Special Education
- Occupational Therapy

L 2-5

Advocacy

- Public education
- Training and empowerment
- Lobbying

L 1–3

Normative

- Grassroots Programs
- Entertainment and Play
  - Groups
  - Museums
  - Recreation
  - Sports
- Skill Development
  - Resources and A.V.
  - Educational classes
- Information Services
  - Referral
  - Libraries
  - Newsletters and magazines
  - Electronic media
- Support Programs
  - Group
  - One on one
- Self-Help Programs
- Safety Programs and Services
- Product Evaluation and Discounts
- Religious Education

L 1–3

Work

- Employee Assistance
  - Support services
  - Educational programs
- Training for Management
- Work and Family
  - Family leave
  - Child care
  - Flextime
- Welfare-to-Work Programs
  - Job training
  - G.E.D.
  - Family services

L 1–2

GRAPHIC NO. 2

THE UNIVERSE OF PARENTING EDUCATION PROGRAMS

EDUCATION

Generally these programs are school based, school related, or try to have a positive influence on traditional academic markers. Beginning with Head Start in the 1960s, another dimension was added, namely how ready a child is for learning. The final dynamic covered in this constellation is that of improving parental educational capabilities (e.g., literacy).

- Seek primarily to impact academic success, school readiness, or parent involvement in education.
- Target populations for remedial or educational skill development.
- Can be focused on parents' own skills or their ability to nurture skills in their children.
- Readiness programs often include life skills and health care issues.
- School-linked services most typically link health and social services, for children and families, with schools.
- Intensity of service is moderate to low.

Program type: literacy

Programs that are usually focused on the parents or on the family as a whole. Programs tend to be more didactic, but have as their goal the improvement of the learning environment of the home and the employability of the parent. It is important to note the two-generation approach at work.

Examples:

- Read, Write, Now (federal program)
- Even Start (federal program)
- Mother-Child Home Program, Wantagh
- Parent and Child Education (PACE), Kentucky state program
- National Center for Family Literacy (headquarters in Kentucky, centers implemented in more than 1,000 sites nationwide)

Program type: life skills

Includes programs that focus on skills parents and children can use in all parts of their lives. Many programs target children, seeking to impart skills they can use now and later as parents.

Examples:

- Avance, San Antonio
- Educating Children for Parenting, Philadelphia, Pennsylvania
- Effective Parenting Information for Children, Buffalo, New York
- CLUB, Career and Life United in Boston, Boston, Massachusetts (for fathers)
- CHALLENGE, Denver, Colorado (curriculum)
- *(See also Teen Pregnancy under "Multiple and Complex Needs.")*

Program type: school-linked services

The school-linked services effort is part of a larger movement for more integration of education, health and social services for children. Scores of initiatives have been launched nationally. There is no one model, however, most programs offer some kind of parenting education opportunities.

Examples:

- Comprehensive School Age Parenting Program, Jamaica Plain
- Caring Communities, St. Louis, Missouri
- School of the 21st Century, New Haven, Connecticut
- Cities in Schools, Alexandria, Virginia
- Focus on Youth, Los Angeles, California
- Family Resource and Youth Services Centers, Frankfort, Kentucky
- Florida First Start, Florida state program

Recommended resource:

The Future of Children, School Linked Services, Vol. 2, No.1, Spring 1992. Published by the Center for the Future of Children

Program type: parent involvement

Programs developed to maximize parent involvement in their child's educational development. Includes both parents at school and parents at home, as well as training for parents to carry advocacy and leadership roles in schools.

Examples:

- "Comer Model" School Development Project (SDP) (model is being used in 300 schools in 18 states)
- MegaSkills, Washington, D.C.
- National Congress of Parents and Teachers (National PTA), Chicago, Illinois
- Parents for Public Schools, Jackson, Mississippi

- Hand in Hand: Parents-Schools-Communities United for Kids, Washington, D.C.
- Razalogia, Denver, Colorado (parent empowerment program)

Recommended resources:

Henderson, A. T., and Berla, N., eds. *The Family is Critical to Student Achievement: A New Generation of Evidence.* Washington, D.C.: National Committee for Citizens in Education, 1994.

McDaniel, L. "Parent Involvement Training and the Achievement, Attendance and Attitudes of At-Risk Students," *Community Education Research Digest*, 7(2), Spring 1993.

Decker, L., Gregg, G. and Decker, V., *Teacher's Manual for Parent and Community Involvement,* National Community Education Association, 1995.

Program type: preschool and day care

A major area of activity nationally. Focuses on the critical nature of nurturing children in out-of-home settings in the early years.

Examples:

- High/Scope Pre-school Program, Ypsilanti, Michigan
- Bananas, San Francisco, California (referral service)
- Parent Services Project, Fairfax, California
- Oregon Pre-kindergarten Program, Oregon state program

Program type: readiness

This represents the single largest area of parenting programs in the U.S. In some programs parenting education is the sole activity, in others it is incorporated as a major portion of their work. The target age group for these programs is 0-5.

Examples:

- Head Start (federal program; mandates parent involvement and now extends to home visits for infants and toddlers)
- Parents as Teachers, St. Louis, Missouri (statewide in Missouri, replicated in 41 states, the District of Columbia, and three foreign countries)
- HIPPY USA, New York (approximately 60 programs in 17 states, serving over 10,000 families)
- Early Childhood Family Education, Minneapolis, Minnesota (statewide parenting program in Minnesota)
- Early Childhood Education, Washington state program (low-income)
- Success by Six, United Way (coordinated effort nationally)
- Prekindergarten Early Intervention Program, Florida State program (served 20,000 families in 1993)
- Kansas Parenting Program, Kansas state program (served 8,500 families in 1993)
- Target 2000 Parent Education Program, South Carolina state program

MULTIPLE AND COMPLEX NEEDS

This category seeks to recognize the diverse group of programs that have been intentionally designed to address, most often by intervention or prevention, specific "at-risk" social/medical issues or other negative outcomes. Usually the family situation has been disrupted or is in jeopardy of disruption.

- Family situation can involve one (or both) parents out of the home or the child out of the home.
- May involve alternative caregivers functioning as surrogate parents.
- Intensity of service is usually higher than other programs.
- Program participants may have mandated presence.
- Families may have multiple issues.
- Staffing often requires specialized training, higher levels of supervision and stronger support services.
- Programs and services may be sponsored by or require regular interaction with city or state agencies and judicatories.
- Cooperation and interaction with other constellations (especially health care) is likely.

There are a number of programs that seek to address multiple needs of the families they serve. Among these are:

- The Atlanta Project, Georgia state program
- East Bay Perinatal Council, Oakland
- Parent Education Support Centers, Connecticut state program
- Family Resource and Youth Services Centers, state of Kentucky

Program type: divorce and separation

According to the Association for Family and Conciliation Courts, there are more than 500 court-affiliated parent education programs for divorcing parents in 41 states. Connecticut and Utah require classes statewide. In addition to court-affiliated programs there are a growing number of therapists, social workers and others developing programs for families experiencing divorce.

Examples:

- Programs for Divorcing Families, Mission
- Divorce Education Program, Salt Lake City
- Parent Education and Custody Effectiveness Program, Hofstra Law School, Hempstead

Program type: corrections

Today approximately 1.5 million persons are incarcerated in prisons and jails within the U.S. Parenting programs in correctional facilities began in the early 1900s, however they were few and far between until the 1970s during which the female prison population grew 300%. Currently, there is significant controversy regarding parenting education in the field of corrections (A. Adalist-Estrin, 1995). Some say programs are growing rapidly, others say everything that exists is going to end as federal and state budgets are cut. Experts agree, however, that with the crime bill came new funds available for these efforts. In 1989, the Family Resource Center gathered data that documented 100 family support programs in prisons and other correctional facilities nationally. In 1990, Family & Corrections Network documented 286 programs, which included all types of programs for families. According to their director, Jim Mustin, the number of family programs continues to grow, and the type of program being offered most often in correctional facilities is indeed related to parenting.

Examples:

- Probation and Rehabilitation Service Programs, Boise, Idaho
- Juvenile Intensive Probation Supervision, Phoenix
- Bedford Hills Children's Center, Bedford Hills, New York
- Family Works, New York
- Niantic Creative Arts, Niantic, Connecticut
- Prison MATCH Programs for Children and Inmate Parents, Berkeley, California
- Project H.I.P. (Helping Incarcerated Parents), Windham, Maine
- Center for Children of Incarcerated Parents, Pasadena, California
- Hope House, Redwood City, California
- Topeka Correctional Facility Central, Topeka, Kansas

Recommended resources:

Family and Corrections Network Report, Issue 5, June 1995.

Mustin, J. W., ed., "Directory: Programs Serving Families of Adult Offenders," Longmont, California: National Institute of Corrections Information Center, 1992.

Program type: teen pregnancy

Recognized as a national priority, teen pregnancy prevention programs are developing rapidly throughout the country. In Massachusetts alone over 7,000 teens give birth each year. According to *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*, published by the National Institute of Medicine, there are at least 23 initiatives in the nation that meet the specific criteria set by the National Academy of Science's Committee on Unintended Pregnancy for a teen parenting program. Today many high schools have programs for pregnant and parenting teens, and many other programs place a major emphasis on serving teen parents.

Examples:

- Project Taking Charge (federally funded [HHS], 18 sites in the U.S.; administered by the American Association of Family and Consumer Sciences)
- The Teen Parenting Program, Jamaica Plain, Massachusetts
- East Bay Perinatal Program, Oakland, California
- Alliance for Young Families, Boston, Massachusetts
- Adolescent Family Life Program, throughout California
- Teenage Pregnancy and Parenting Project (TAPP), throughout California
- Teenage Parent Program, throughout Florida (serves 8,000 teens annually—1993).
- Pregnant and Parenting Teen Program, Washington state (serves 1,400 teens annually—1993)

Program type: child abuse prevention

One of the largest categories of parenting programs. Most are preventive and promotional efforts that target families that are at risk of child abuse and neglect. A smaller percentage target families that have already been identified as abusers—usually as a part of a family reunification program.

Examples:

- The Nurturing Programs, national
- Healthy Start America (137 sites throughout the U.S.)
- Resource Mothers (home visitation/mentoring), Sterling, Virginia
- Parents Anonymous (ongoing parent support groups), national program
- Family-Child Resources, Inc., York, Pennsylvania
- Friends of the Family, Van Nuys, California
- Wisconsin Family Resource Programs, Milwaukee, Wisconsin
- Child, Inc. Parent Education Services, Delaware state program (served 4,500 families in 1993)
- Prevent Child Abuse, Virginia
- Family Support Services, Upper Darby, Pennsylvania
- Massachusetts Society for the Prevention of Cruelty to Children, Boston, Massachusetts

Recommended resources:

Berrick, J. "Parental Involvement in Child Abuse Prevention Training: What Do They Learn?" *Child Abuse and Neglect* (1988) 12:543-453.

"Availability of Existing Statewide Parent Education and Supporting Programs and the Need for These Programs Nationwide," Patricia Bryant, NCPCA, working paper 861, 1993.

Program type: anti-violence and delinquency

The National Centers for Disease Control in Atlanta has identified violence as the nation's number one health threat. In cooperation with many cities across the U.S. they have launched programs to prevent violence, and regularly these programs include parenting designs (poor parenting having been identified as a leading predictor of violence).

Examples:

- Chicago Youth, Chicago, Illinois
- Mothers Against Violence in America, Seattle, Washington
- Strengthening Program, by Marilyn Steele, Los Angeles, California

Recommended resource:

Strengthening America's Families: Promising Parenting Strategies for Delinquency Prevention, Office of Juvenile Justice and Delinquency Prevention, 1993.

Program type: substance abuse

Among the world's industrialized nations, the U.S. ranks with the highest for alcohol and other drug abuse (Newcomb and Bentler, 1989). Almost one-fifth of young, first-time mothers are using alcohol and/or marijuana during pregnancy, and estimates are that as many as 375,000 infants are born drug exposed each year (*The State of America's Children*, 1991). Parenting education is a common approach for the prevention of substance abuse. It is often incorporated as a component of a youth, school-based prevention program. Focus is on parent-child communication, consistency of and types of discipline, praise and reinforcement, parental modeling, etc. Parent education is also incorporated into many other types of drug abuse treatment and prevention programs (FRC Report, Vol. 10, No. 3, 1991).

Examples:

- Asian Youth Substance Abuse Project, San Francisco, California
- Community Partnerships for Alcohol and Other Drug Abuse Prevention (250 partnerships throughout the U.S. Parents are an important part in all communities.)
- Families and Schools Together (FAST) (Local non-profit. Began in Dane County, Wisconsin [Madison]; now they are responsible for curriculum development. In 1995, Madison had 10 sites, serving approximately 160 families. National replication is being conducted by Family Service America. Currently FAST is serving 1,800 families in 22 states in 210 schools.)
- New Perspectives, Marin County, California
- Parents' Resource Institute for Drug Education
- National Federation for Drug Free Youth
- The Family Center, Jefferson University Hospital, Philadelphia, Pennsylvania
- Pregnant Addicts/Addicted Mothers program, New York College, New York

Program type: therapy

Family therapy, couples counseling and group therapy are all becoming more common avenues of dissemination of parenting education. For example, a number of family therapy programs have proven to be effective parenting strategies for addressing the problem of delinquency. Some practitioners integrate parenting concepts and techniques into their work, others offer parenting classes as an "outreach" service for their community.

Examples:

- Proyecto Esperanza (Project Hope), Washington, D.C.
- Family Relationship Enhancement Programs, University Park, Pennsylvania
- Functional Family Therapy, Salt Lake City, Utah
- Prime Time In-Home Family Therapy, Deland, Florida
- Structural Family Therapy Program for Hispanic Families, Miami, Florida
- American Association of Marriage & Family Therapists (AAMFT), Washington, D.C

Program type: family preservation

A major part of family preservation services is "promoting competencies and behaviors that will increase parents' ability to successfully nurture their children." Family preservation programs are designed to—among other things—"create supportive networks to enhance parents' child-rearing abilities..." (FRC Report, Vol. 13, Nos. I and II, 1994)

Examples:

- Homebuilders, Tacoma, Washington (currently more than 250 adaptations and replications of the model in 30 states and several foreign countries)
- New Concept Self Development Center, Inc., Milwaukee, Wisconsin
- Intensive Family Services, Baltimore, Maryland
- Tennessee Home Ties Therapeutic Interventions and Educational Services, Clarksville, Tennessee
- KidsPeace, Allentown, Pennsylvania

Program type: kinship care

Historically, family members who cared for children who otherwise would be placed in foster homes did not receive any form of financial reimbursement or support. In an effort to keep families together and create less of a disruption in children's lives, programs have been developed that provide incentives for family members to act as substitute caregivers when children are unable to live with their biological parents (either temporarily or permanently). Some of these programs also provide parenting education for both the natural parents and kinship care providers.

Examples:

- ROC (Raising Others Children), Philadelphia, Pennsylvania
- Second Time Around Parents, Media, Pennsylvania (serving anyone who is a kinship care provider)
- Association House, Chicago, Illinois

Program type: foster care

According to DHHS, there are nearly 500,000 children in foster care each year. Of these, 57% are children of color; in New York and Chicago these numbers exceed 80%. Half of all children in foster care have been there more than 12 months. Both public and private foster care programs require and/or provide parenting education for both natural and foster parents. In most cases however, due to limited funding, these requirements and training opportunities are minimal.

There are programs designed to help parents keep their children at home and assist them when foster care is necessary. The need for services to both natural and foster parents is evident, ahd programs are beginning to find ways to address those needs.

Examples:

- Center for Family Life in Sunset Park, Brooklyn, New York (Widely recognized as a model program, efforts are under way to replicate it in many communities throughout the nation. The Annie E. Casey Foundation has funded the center to provide technical assistance to five states—Ohio, Pennsylvania, Alabama, New Mexico and Maryland.)
- Family to Family Initiative, Philadelphia, Pennsylvania
- GUIDE (Grandparents United: Intergenerational Developmental Education), Detroit, Michigan
- Kaleidoscope, Chicago, Illinois
- W. K. Kellogg Foundation, "Families for Kids" (10 sites nationwide)

Program type: adoption

Every year there are over 50,000 domestic adoptions. In 1994 there were a recorded 8,800 international adoptions (National Adoption Center, Philadelphia). Adoptive parents have special needs and concerns. Few adoption agencies provide formal parent education or support programs for adoptive parents.

Examples:

- Adoptive Parents' Education Program, Phoenix, Arizona
- Adoptive Families of America, Minneapolis, Minnesota
- Adopt a Special Kid–America, Oakland, California

Program type: child protective services

The delivery of child protective services has been impacted by two important developments related to the family support movement. First, the Child Welfare League of America has adopted a family support philosophy that has influenced their theory of "best practice." They have been looking at how to integrate family support principles into child protective services throughout the country. Second, the Family Support/Family Preservation Act has led to the development and expansion of family support programs for families traditionally served by the CPS system.

Examples:

- Child Welfare League of America
- Child Help USA, Crisis Hotline, California (HQ)
- Reaching Families Early, Maryland state program

Program type: residential treatment

This mainly refers to group care to children outside of their homes. Many of these programs provide support and education for parents to remain actively involved with their children. There are also a growing number of residential programs for babies and children who are HIV positive, where natural or surrogate parents receive education and training regarding these children's special needs. Finally, it is important to note the roles that staff in these homes and institutions play as surrogate parents. Some programs, but not a majority, make conscious efforts to train staff for this role.

Examples:

- Boys Town, Omaha, Nebraska
- Ken-Crest Infant Transitional Care Home, Philadelphia, Pennsylvania (These types of homes for infants whose parents are unable to meet their unique physical and emotional needs are emerging throughout the country.)
- Anchorage Home for Boys (and Home for Girls), Beverly, Massachusetts

WORK

- Programs that are targeted to reach parents in the workplace or to positively impact the work environment to create a more "family friendly" situation.
- Often involve corporate, for-profit business or seek to prepare for this environment.
- Can be targeted for parents to strengthen parenting skills or balance home/work demands.
- Can be targeted for corporate supervision and/or decision makers.
- Intensity of service is low to moderate.

Program type: employee assistance

Most Fortune 500 companies have employee assistance programs. Through these, companies offer at least a few (some offer many) parenting education workshops for their employees. These are often referred to as Lunch and Learn educational seminars (FRC, 1991). These workshops are usually subcontracted through the types of organizations listed under the following category. The most common program topic offered tends to be on child care issues. Other common topics include flextime, family leave policies, and a variety of subjects related to healthy parenting. Some companies have begun to offer added services ranging from telephone support ("800" numbers) to pamphlets and books.

Examples:

- Johnson & Johnson
- AT&T
- Babies and You (March of Dimes)

Program type: training for management and staff (PE seminars)

Examples:

- Work Family Directions, Boston, Massachusetts (provides over 2,000 parent education workshops and seminars for close to 40,000 participants per year.)
- Partnership Group, Blue Bell, Pennsylvania (In 1994 provided approximately 260 parenting workshops throughout the country. Major topics: discipline, self-esteem, adolescent issues, school age children, parent-teacher relationship, responsibility of student, dealing with infants, personal safety for children)
- Dependent Care Connections, Westport, Connecticut
- Working Solutions, Seattle (Contract with approximately 45 companies to which they provide about 400 seminars per year dealing with parenting and work/family issues. They reach close to 12,000 employees each year.)

- Programs for Working Parents, Massachusetts
- Babies and You (March of Dimes-sponsored program providing parent education classes at work sites in 41 states.)

Program type: work and family research

A small group of organizations has emerged to provide quality research, reports and advocacy initiatives on work-family issues. They also consult with industry leaders on policy developments.

Examples:

- The Work Family Institute, New York, New York
- The Center on Work and Family, Boston, Massachusetts
- Employee Benefit Research Institute, Washington, D.C.

Program type: welfare to work programs

With the welfare reform movement under way, states are becoming increasingly interested in programs that assist people in the transition from welfare to work. The examples below include parenting education as a component of their work, recognizing that learning to balance work and family is a critical skill for professional success.

Examples:

- Family Development and Self-Sufficiency grant program, Iowa state (A family support model of welfare reform. In 1993 there were 11 FDSS grantees in Iowa operating programs at 31 sites.)
- Denver Family Opportunity Council, Denver, Colorado
- Family Development Project, Cleveland, Ohio

Recommended resources:

Galinsky, Ellen, Friedman, D. and Hernandez, C. *The Corporate Reference Guide to Work-Family Problems*, New York: Families and Work Institute, 1991.

Galinsky, Ellen, Work and Family: 1992, *Status Report and Outlook*, New York: Families and Work Institute, 1992.

Friedman, Dana, and Galinsky, E., *Work and Family Trends*, New York: Families and Work Institute, 1991.

HEALTH CARE

- Programs whose design is intended to positively impact one or more health-related outcomes.
- Can focus on impacting child or parent health.
- Can be preventive or promotional.
- Can connect or collaborate with programs that are targeted at specific negative outcomes.
- Majority of programs are connected to child birth programs.
- Intensity of service is moderate to high.

Program type: hospitals and clinics

Almost all hospitals in the country provide some form of parent education. Most maternity centers provide child birth classes, many provide ongoing workshops for parents. Parents do not need to be a patient, or have delivered at that hospital in order to attend classes that in many cases are more support/play groups than parent education.

Examples:

- Children's Hospital, Boston, Massachusetts
- Brigham and Women's Hospital, Boston, Massachusetts
- Parent-Child Center, Pennsylvania Hospital, Philadelphia.
- The Parenting Center, Children's Hospital, New Orleans, Louisiana
- Parents, Inc., Abington Memorial and Chestnut Hill Hospitals, Philadelphia, Pennsylvania
- First Steps (in 45 Georgia hospitals and 13 other states)

Program type: HMOs

There is a growing recognition among HMOs throughout the country, particularly in response to the early discharge of new mothers, for parenting education services. These services are often delivered by visiting nurses. HMOs are also beginning to launch "value added" programs that target parents and include videos, magazines, developmental charts and "albums," etc.

Examples:

- US Healthcare, Blue Bell, Pennsylvania
- Kaiser Permanente Health Care, California
- CIGNA Healthcare, New Jersey
- Tufts Healthplan, Massachusetts

Program type: public departments of health—maternal and child health programs

Each city and state has its own department of health and most of them have programs targeted to families and children. Within these are many parenting education initiatives. The federal government, from within the Department of Health and Human Services, funds maternal and child health programs. A priority among most of these is enhancing families strengths, which includes building parental confidence. While the orientation of most of these programs is based on a medical model they nonetheless incorporate many of the core family support principles.

Examples:

- Bright Futures, Boston, Massachusetts (An example of a U.S. Department of Maternal and Child Health-funded program.)
- Chicago Department of Health (Robert Taylor Homes project)
- Maternal and Child Health Services of Vermont (Home Visiting; Visiting Nurses Association, Family Room)
- Swope Parkway Health Center, Kansas City, Missouri (Combines family health and welfare with community development.)
- Early Childhood Development and Parenting Education, Oklahoma State Department of Health
- Pennsylvania Maternal and Child Health (Healthy Kids, Healthy Babies)

Program type: M.D.s and health care professionals

Thousands of M.D. offices sponsor parenting education classes, seminars and telephone warmlines. Some are part of more comprehensive programs with hospitals or HMOs, but many are held at clinics and M.D. practice sites. Training and support comes from many sources.

Examples:

- Institute for Family Centered Care, Bethesda, Maryland (Offers training to M.D.s and health care professionals. in how to provide family centered care.).
- Brazelton Newborn Assessment Training Center, Boston, Massachusetts

Program type: prenatal and perinatal programs

Can be connected to hospitals, but often work independently.

Examples:

- Maternity Care Coalition, MOMobile, Philadelphia, Pennsylvania
- MotherNet, Sterling, Virginia (A program of the International Medical Services for Health. Home-visiting program designed for pregnant women and mothers. Goals include "the development of successful parenting skills.")
- Infant Support Services, Michigan state program (extension of Maternal Support Services Program, provides support to pregnant women through 60 days postpartum.)
- The Birth Center, Bryn Mawr, Pennsylvania

Program type: women's health organizations

Examples:

- Women's Health Book Collective, Boston, Massachusetts
- Women's Health Center, Wayne, Pennsylvania

Program type: immunization and nutrition

Examples:

- Arizona Partnership for Infant Immunization, Phoenix, Arizona
- All Kids Count, Atlanta, Georgia
- Every Child by Two, Washington, D.C.
- Healthy Mothers, Healthy Babies, Washington, D.C.
- CDF Child Vaccination Program, New York, New York

Program type: childbirth education

Examples:

- National Association of Childbirth Assistants (Doula Services) Seattle, Washington
- Midwifery
- National Childbirth Education Association

Program type: lactation groups

Centered on breastfeeding and nutrition issues, these programs often include parenting programs of a more comprehensive nature.

Examples:

- La Leche League
- Nursing Mothers Association
- Federal Women Infants and Children program

Program type: family planning organizations and services

Many family planning organizations offer programs for parents on normal sexual development in children and adolescents, fertility and family planning, and parenting issues.

Examples:
- National Planned Parenthood
- The Black Women's Health Project, Philadelphia, Pennsylvania

NORMATIVE

- Programs primarily promotional in design.
- Often decentralized and local.
- Widest variation in quality of programs and preparation of practitioners.
- Programs most prevalent among middle-class communities.
- Lowest level of service intensity.

Program type: grassroots programs

Nearly every city in the country has at least a few community-based parenting organizations. Some exist through local churches or synagogues; some cities sponsor organized meetings and services. These groups offer everything from support groups to play groups to Daddy and Me outings. Most often they are listed in local newspapers, parenting papers and magazines, churches, synagogues or community centers.

Examples:
- Mothers' Centers, Long Island, New York (replicated in over 100 locations in 29 states)
- New Parent Support Team, Brunswick, Maine
- Madeira Family Center, Philadelphia, Pennsylvania
- El Puente, Brooklyn, New York
- Northeast Parents Resource Center, Philadelphia, Pennsylvania
- North Shore Parents Center, Beverly, Massachusetts

Program type: entertainment, play and the arts

Examples:
- Dad and Me (an ECFE program), White Bear Lake, Minnesota (serves 450 families)
  Museums
- Please Touch Museum, Philadelphia, Pennsylvania
- Boston Children's Museum (Families First), Boston, Massachusetts
- Houston Children's Museum, Houston, Texas
- Recreation (Parks, Programs, Agencies)
- Sports
- Television
- *Sesame Street*
- CNN—*Parenting Today*
- T. Berry Brazelton's show
- Penelope Leach's show
- (According to the *Philadelphia Inquirer* there are four new channels for parents proposed for '96 and '97.)

Program type: skill development—workshops and educational classes

Examples:
- Effective Black Parenting, Studio City, California
- Families First, Cambridge, Massachusetts
- Parents, Inc., Philadelphia, Pennsylvania
- Family Centers of America, Hermosa Beach, California
- Family Focus, Chicago, Illinois
- The Parent Child Center, D.A.D.s Program, Middlebury, Vermont

Frequently used curricula
- STEP (Systematic Training for Effective Parenting), Minnesota
- Creative Parenting
- PET (Parent Effectiveness Training)
- Bowden Method

Program type: information and referral

Electronic media and telephone. There are a wide range of services now available on the Internet focused on parenting issues, concerns and which offer resources and information.

Examples:
- The Nine-Month Miracle: a CD-ROM that describes pregnancy from conception through birth. The National Parenting Center, Woodland Hills, California, provides product-testing reports, a "seal of approval," and a newsletter called *ParenTalk*.
- Growing rapidly is National Parents Information Network (NPIN) on the Internet, and at least a half-dozen other programs.

Books and curricula

There are over 1,000 titles of books for parents to assist them in their development of parenting skills. Noted authors include: Louise Bates Ames, T. Berry Brazelton, Frank Caplan, Elizabeth Crary, Adele Faber and Elaine Mazlish, Penelope Leach, Benjamin Spock

Libraries

Libraries throughout the country offer workshops and programs for parents and families. These include literacy programs, parenting skills and parent-child groups.

Magazines and newsletters

Parenting Publishers of America publishes over 70 newspapers for parents throughout the country, ranging in size from a just a few to over 80 pages. Among these are: *Metro Kids* and *Parents Express* in Philadelphia and *Boston Parents Paper*. Included in these newspapers are current events for families, articles, groups, seminars, children's entertainers, advertisements, etc., all directed at parents.

Major magazines:

- *Parenting*
- *Parents*
- *Child Magazine*
- *Working Woman*
- *Black Child*
- *Family*
- *Kidz Magazine*

Additional magazines and newsletters:

- *Parenting Insights* (for parents of 7- to 14-year-olds), Hillsboro, Washington
- *Parenting Education* (for professionals), Owatonna, Minnesota
- *Sesame Street Parents*, Boulder, Colorado
- *Smart Dads*, San Diego, California
- *Single Mother*, Midland, North Carolina
- *Today's Father* (published by the National Center for Fathering), Shawnee Mission, Kansas
- *Fatherhood Today* (published by the National Fatherhood Initiative), Lancaster, Pennsylvania

Program type: parent support

Examples:

Groups

- MELD, Minneapolis, Minnesota
- Parent Resource Association, Wyncote, Pennsylvania
- MOMS Club, Valencia, California (National support group for at-home mothers; 10,000 members through more than 200 local chapters.)
- FEMALE (Formerly Employed Mothers at the Leading Edge), Elmhurst, Illinois (National group, more that 2,700 members, 110 local chapters in 30 states).
- National Association of Mothers' Centers, Hempstead, New York
- Parents Without Partners, National Organization
- Single Mothers by Choice, New York, New York
- Parent Leadership Institute, Marin County, California
- Practical Parenting Education (PPE) Austin, Texas

Centers

- Birth to Three, Eugene, Oregon
- Parents, Inc., Philadelphia, Pennsylvania
- Parents Place, San Francisco, California
- Children's Health Program, Great Barrington, Massachusetts
- The Early Childhood Center (hospital-based), Los Angeles, California
- Family Resource Centers, Wisconsin state program

One on one

- High/Scope Parent-to-Parent model, Ypsilanti, Michigan
- Jewish Family and Children's Service, Visiting Moms, Boston, Massachusetts

Telephone

- Parents, Inc., Warmline
- The Early Childhood Center Warmline

Program type: safety programs and services

Examples:

- KidWISE Institute, Oakland, California
- National Safe Kids Campaign, sponsor: Johnson & Johnson

Program type: product evaluation and discounts

Examples:

- American Mothers at Home, Vista, California
- Burton White, Ph.D., Waban, Massachusetts
- Parents Choice, Newton, Massachusetts
- National Parenting Center, Woodland Hills, California

Program type: religious education

Examples:

- Church of Jesus Christ Latter Day Saints (Mormons)
- James Dobson Ministries, Texas (National Computer Warmline—among other things)

SPECIAL NEEDS

Throughout the country, most people with developmental disabilities live at home with their families. As a result, parents and families with children with special needs require special types of services, including education regarding the unique parenting skills they need. One of the first family support programs for children with mental retardation was developed in Pennsylvania in 1972. Since then, more than 40 states have joined in and have begun to use other sources of support for families, such as informal community supports.

- Programs that are, by design, developed to meet the specific needs of parents of handicapped children and/or parents who are themselves handicapped.
- Programs often grow from deficit-based thinking.
- Practitioners usually have specialized training.
- Often involves work with a health care professional or agency.

Program type: disabilities and impairments

Examples:

- Liberty Resources, Philadelphia, Pennsylvania
- Family, Infant and Preschool Program, Morgantown, North Carolina (home visiting, early intervention)
- Nurturing Program for Parents with Special Learning Needs, Park City, Utah (curriculum)

Program type: diseases

Examples:

- Hood Center for Family Support at the Dartmouth Medical School, Hanover, New Hampshire

Program type: MR/MH

Examples:

- Parent Education Network
- Infant-Parent Institute, Champaign, Illinois
- New Concept Self Development Center (NCSDC), Milwaukee, Wisconsin (mental health program in African American Community)
- Seneca Mental Health/Mental Retardation Council, Inc., Lewisburg, West Virginia

Program type: developmental delays

Example:

- Portage Project, Portage, Wisconsin (home visitation)

Program type: resources for parents and research

Example:

- National Information Center for Children and Youth with Disabilities, Washington, D.C.

ADVOCACY

- Programs that seek to impact public opinion and/or policy makers on issues of importance to parents.
- Can be direct lobbying at local, state or national level.
- Can also be training and support of parents to develop capabilities to advocate for themselves.

Program type: public education and media

Examples:

- MIT, Family Resource Center, Boston, Massachusetts
- Partners Active in Children's Education, Midway, Utah (Michael Sopor)
- Consortium of Family Organizations, Washington, D.C.
- New Parents Network, Tucson, Arizona
- Children's Television Resource and Education Center, San Francisco, California
- Family Service America, Milwaukee, Wisconsin

Program type: training and empowerment

Examples:

- The Right Question Project, Somerville, Massachusetts
- National Congress of Parents and Teachers, Chicago, Illinois (There are some PTAs [in Washington state for example] that are going beyond schools, and offering seminars and workshops for parents in other locations—libraries, workplaces, day care centers, etc.)
- The Parents Leadership Institute, Palo Alto, California
- Parents for Public Schools, Jackson, Mississippi

Program type: lobbying

Examples:

- Parent Action Maryland, Baltimore, Maryland
- American Academy of Pediatrics, Elk Grove Village, Illinois
- PA Partnership for Children, Harrisburg, Pennsylvania
- Children's Defense Fund, Washington, D.C.
- Child Welfare League of America, Washington, D.C.
- Philadelphia Citizens for Children and Youth, Philadelphia, Pennsylvania

RESEARCH

There has been significant research conducted in the field of parenting education and family support. However, methodologically sound, well-documented research projects are still lacking due, in part, to the problems inherent in social science research.

Type: colleges and universities

Examples:

- Harvard Family Research Project, Cambridge, Massachusetts; *Heather Weiss, Ed.D.*
- Yale University; *Sharon Lynn Kagan, Ed.D.; Ed Zigler*
- Cornell University; *Montcreif Cochran*
- Land Grant Universities, Cooperative Extension System; *Chuck Smith*
- Bank Street College; *Toni Porter*
- University of Texas, Parenting Education Center
- Wheelock College, Center for Parenting Studies; *Fran Litman*
- University of Missouri; *Columbia ParentLink Resource Center, Columbia, Missouri*
- Nova University, Ft. Lauderdale, Florida

Type: authors and individual researchers

Examples:

- Carl Dunst, Allegheny-Singer Research Institute
- Sid Garner, California State, Fullerton
- Annye Rothenberg, Ph.D., Child Rearing Guidance Center (Redwood City, CA)
- Sam Goldstein, Ph.D., Neurology, Learning and Behavior Center
- Susan Blank, Foundation for Child Development
- Alvin Poussaint, Ph.D., Judge Baker Children's Center
- Burton White, Center for Parent Education
- David Olds, Ph.D., University of Colorado Health Sciences Center
- Harriet Kitzman, Ph.D., R.N., University of Rochester Medical Center
- Bernice Weissbourd, founder, Family Focus

Type: centers

Examples:

- High/Scope Educational Research Foundation, Ypsilanti, Michigan
- Center on Families, Communities, Schools and Children's Learning, Consortium of Organizations
- Center for the Improvement of Child Caring, Studio City, California
- Erikson Institute, Chicago, Illinois
- Gesell Institute, Connecticut
- National Center for Clinical Infant Programs, Washington, D.C.
- National Center for Fathering, Shawnee Mission, Kansas
- Center for the Study of Parent Involvement, John F. Kennedy University, Orinda, California

Type: associations

Examples:

- Family Resource Coalition, Chicago, Illinois
- Consortium of Family Organizations, Washington, D.C.
- National Association for the Education of Young Children, Washington, D.C.
- National Committee for Parent Involvement in Education, Washington, D.C.
- National Council on Family Relations, Minneapolis, Minnesota

COLLABORATIVE DESIGN

- Programs that are at inception and by design interdisciplinary in nature.
- Programs that provide a comprehensive array of services and emphasize sustainable change.
- Programs marked by integrative designs and approaches to problem solving.

Program type: multidisciplinary programs and initiatives

Examples:

- Dorchester Cares, Dorchester, Massachusetts
- Boston City Hospital, Comprehensive Services for Children, Boston, Massachusetts
- Centro Las Americas (CKLA), Worcester, Massachusetts

- The Parent Education Collaborative, Washington, D.C.
- Kentucky Integrated Delivery System (KIDS), Kentucky
- The Vaughn Family Center, San Fernando, California
- University of New Mexico, Family Development Center, Albuquerque, New Mexico
- Delaware Opportunities, Inc., Delhi, New York
- Kids Place, New Hope Services, Inc., Scottsburg, Indiana
- Mid-Iowa Community Action, Inc., Marshalltown, Iowa

Program type: consortiums for "at-risk" communities

Examples:

- Action for Boston Community Development, Boston, Massachusetts
- Alliance for Young Families, Boston, Massachusetts
- Resources for Human Development, Philadelphia, Pennsylvania
- New Haven Family Alliance, Inc., New Haven, Connecticut
- Rural America Initiatives, Rapid City, South Dakota

Program type: partnerships between agencies

Example:

- Pregnant and Parenting Support Program (Massachusetts statewide network of three family support programs.)

Recommended resources:

Family Support Programs and Comprehensive Collaboration Services, Family Resource Coalition, Chicago, 1995.

Blank, Martin J. *What It Takes: Structuring Interagency Partnerships to Connect Children and Families With Comprehensive Services*, Education and Human Resources Consortium (IEL), Washington, D.C., 1995.

Chapter 5

DESCRIPTIVE CATEGORIES FOR PARENTING PROGRAMS

Within the universe of parenting education we can identify common characteristics or categories of individual programs. These descriptives are important for any effort to compare parenting programs or to assess their effectiveness. Our study showed that a consensus seems to be emerging on the more central characteristics, although no comprehensive list has yet been established.

Of the studies that have attempted to examine commonalities in programs, most have taken the broader perspective of "family support." Among these the work of H. Weiss (1987), Kagan and Shelly (1987), B. Weissbourd (1987) and D. R. Powell (1993) is notable. We also acknowledge the recent work done by Porter and Rice (1995) in reviewing five national family support programs.

One of the most helpful examinations we found is written by researcher Carl Dunst ("Key Characteristics of Community-based Family Support Programs," 1994) and published by the Family Resource Coalition. Some of the perspectives presented in this section are based on his work and we consider it, along with the others we have cited, essential reading.

For this investigation we are including all parenting programs, whether or not they are identifiable as family support oriented. While we carry a strong bias for family support principles, far too many parenting programs (most) would be omitted if we limited ourselves to this one orientation.

The following schema offers eight general characteristics. Within each are clarifying distinctions. Most parenting programs can be identified by these descriptives and through them a differentiation of programs is facilitated. It will be noted that we have downplayed individual "activities" and "sources of funding" (see Chapter 9, "Funding of Parenting Education and Family Support") as distinctive categories—because of the diversity of their use and the overlap between programs of very different approaches.

THEORY

The first cut that marks any parenting program ought to be the premises or assumptions upon which it has been built. Here will be revealed fundamental attitudes about families, their behavior and what strategies the program designers believe are necessary for change. The goals of a program grow directly from its theoretical underpinnings.

A theory is an assumption, hypothesis or a principle formulated to describe behavior or relationships. It may also be a related set of principles that together seek to interpret certain phenomena. Most parenting programs have articulated some theoretical base (although few are aware of the intellectual roots of that philosophy and the connection it has to practice). Commonly, programs advance a set of principles that guide their work, and regularly we found that these principles were developed "deductively" from practice, rather than "inductively" from established theory or theories.

A surprising number of programs say "we have an eclectic approach," which provides them an opportunity, in some cases, to embrace inconsistent principles and unproven approaches, so what they really have is a "junkyard" approach. A truly eclectic theory weaves together approaches, but assures they are consistent and well documented. Ironically, this absence of grounding may be caused by one of the strengths of parenting programs—namely, that they are all quite pragmatic in their work with parents (seeking to address immediate needs). "I don't want to know about theory, I want to know what works," says one practitioner. Theory is seen as annoying clutter that gets in the way of effective work. Unfortunately this can lead to the use of techniques developed from two or more very different—and sometimes conflicting—approaches.

Since parenting education is a cross-disciplinary exercise, it is critical for those programs that acknowledge this to establish the degree to which the assumptions (or principles) of the different disciplines are working in concert or in opposition. Because the field is relatively young this conceptual infrastructure is still being built, so very few programs can actually be said to have an interdisciplinary theory (or theories). In one sense this imprecision has been helpful to the early years of the "movement" in parenting education and family support, primarily in that it has allowed so many programs to be included. However, now that the movement is maturing, it is time to be more precise.

Common Theories Used in Parenting Programs

The following presentation of the most common theories used in parenting education is intended to be illustrative, not exhaustive (so too, the citations). Embedded in these theories are many of the "principles" we found embraced by parenting programs. It will also become apparent that there are many connections and overlaps between the theorists (as, indeed, one builds upon the work of others). What may not be as apparent is how, in fact, these theories can be used simultaneously without, at some point, requiring a choice between them or making adaptations that could threaten their basic premises.

It may also be helpful to differentiate the four focus areas in which these theories are applied: the child, the parents, the family, and the community or environment. Theories can often be grouped by their focal points. For instance, child development theory focuses on the child, adult development theory on the parents, family systems on the family, and ecological systems on the total environment. The focus of a program usually determines the target for programming and the objectives for outcome measurement even if, as is common, many theories are at work in the program.

Child development theory

Almost every parenting program begins with a foundation of child development (for a general introduction see Ames, 1979; W. Crain, 1980; or P. H. Mussen, 1983). The basic question this theory seeks to answer is: How do we explain the changes we see in children? Within developmental psychology there are four major theoretical approaches to answering that question: biological, learning, cognitive-developmental and psychoanalytic.

The biological theorists see internal or inherited influences, particularly genetic programming, as the most powerful factor in a child's development. Arnold Gesell (1925) originated the concept of "maturation" and focused on internal patterns of growth he called "programming." Theorists Alexander Thomas and Stella Chess (1977, 1987) placed great emphasis on inherited temperament patterns. Others (J. Kagan, 1984; S. Turecki, 1985; and W. Carey, 1994) have continued to expand our understanding of individuality in child development. The issues of temperament are considered to be of fundamental importance to parenting practitioners, particularly in establishing that no two children are alike, thus parental expectations must be adjusted accordingly.

The learning theorists place their primary emphasis on environment as the critical factor in shaping a child's development. They don't discount biological influences, but say that how these things are reinforced is the real determinant. Baer (1966), Patterson (1980) and Bandura (1977) can be included in this group who focus on external causes.

Jean Piaget (1923, 1924, 1936, 1947) is the leading thinker within the third category, cognitive-developmental theory. He and his followers are concerned with the organizing processes of the mind and the degree to which one becomes an actor on (as opposed to a reactor to) one's environment. They look at how one thinks rather that what one thinks about, emphasizing adaptation and children's interaction with the world around them.

The final category, psychoanalytic theory, has been advanced by Freud (1902, 1920) and Erikson (1950, 1959). This theory focuses on instincts and the drive to satisfy those instincts throughout life. Erikson, in particular, has been a guiding light for parenting education.

Many practitioners have begun to blend these theories, acknowledging that they can be, in some cases, complementary. However, each emphasizes a different aspect of development, particularly in the contrast of internal and external factors. Failure to recognize and integrate these theories is cause for some of the widest variations in parenting practice.

The importance of child development information to parenting is high, especially in helping parents develop appropriate expectations of their children and in gaining skills to maximize each stage. Some have speculated that many practitioners in parenting education have been trained in early-childhood education, and thus have been influenced by those who trained them and the bodies that certify them (e.g., NAEYC). It is an interesting question (although beyond the scope of this report) as to whether the theories one advances depend upon when and where one was trained or the degree to which one stays current. One of the most widely recognized popularizers of child development information for parents is T. Berry Brazelton (1983, 1984, 1989, 1992) who is, in the public's mind, the heir to Benjamin Spock (1957)—although Penelope Leach (1994) certainly shares the spotlight with him. However, it is safe to say child development theory is now "hip deep" in the mainstream of parenting education.

Behaviorist theory
These theorists see the learning process as resulting in changes in behavior. The teacher arranges the environment to obtain the desired result. Objectives are behavioral, and behavioral techniques work well to teach specific skills. The learning results from the closeness in time between the two events and the reinforcement of these events. The major 20th-century theorist of behaviorism is B. F. Skinner (1953, 1971, 1974). The advocacy of behaviorist techniques for parents is widespread, but often without understanding—especially in the area of discipline.

Parent Development Theory

An emerging perspective, which can be seen as a parallel to child development theory and a logical outgrowth of adult development theory (Erikson, Kagan and others), has been advanced by Galinsky (1987), Garbarino and Benn (1992), Weissbourd and Kagan (1989), and others. These theorists suggest that parenting itself is a developmental, or staged, phenomenon and that parents have the capacity for growth and development in their role. Thus, they argue, parenting programs must recognize the issues parents bring with them depending on the particular point at which they engage in a program. In a related perspective, the developmental stages of adult growth as it impacts parenting has been discussed in the work of T. Benedek (1970) and Knox (1977).

Adult learning theory and the balance of power
The primary object of parenting programs is parents or caregivers, who are, in most cases, adults. A significant body of research has developed a deeper understanding of how adults learn, leading to a distinction between a "pedagogy" (how children learn) and an "andragogy" (how adults learn) (Darkenwald, 1982; Knowles, 1980, 1987; Weinberg, 1972; Brookfield, 1990). One of the critical factors in this approach is the need to recognize and value the experience adults bring to the educational setting. Programs that are based on adult learning theory allow for parents to shape their education and see them as a resource to the process.

Another interesting dynamic in adult learning theory (which Brookfield acknowledges) is the degree to which practice may have preceded theory. Some programs have found that parents simply will not put up with approaches that do not respect them as partners.

Whether one sees it inductively or deductively, the perspective is one that seeks to develop programs on a collaborative or partnership basis. Those that do, have made a commitment to alter the balance of power and create an equal basis for the relationship between the parent and the practitioner. This is one area where professionals often struggle to make the paradigm shift from word to action. Family-centered care, an important mark of true family support programs, focuses on this issue and tries to involve the parents in their own care and empower them to shape it.

Family systems theory
Family systems is a theory that is gaining wider acceptance in more serious parenting programs. It seeks to acknowledge that, as the clinical infant mental health advocates suggest, no family member exists in isolation. What happens to one family member, they say, affects all the others. The role of both parents, siblings and extended family members, as well as family legacies, values, traditions and taboos must be considered when addressing parenting issues. One must recognize that parents bring their pasts with them into parenting. (I. Boszormenyi-Nagy, 1981, 1991; V. Satir, 1972, 1983).

Humanistic theories

These theories tend to posit that personal development is the aim of adult education. Content, therefore, is secondary to process. The student is the center of the experience. The teacher is the facilitator. Learning occurs through experimentation/discovery. Adults learn through the filter of their own experiences, goals, interests, attitudes and beliefs. For this approach, group instruction is the favored medium for growth. A. Adler (1940) is seen as a critical thinker here, and many parenting programs draw from his insights (knowingly or unknowingly). He wrote a great deal for the layperson and even included a chapter on parents in his famous book *The Education of Children.* (1940). Included as key theorists in this group would be such diverse opinions as Broudy (1960), Jourard (1971), D. Knowles (1980), A. Maslow (1954, 1976), C. Rogers (1969) and others. Quite a few parenting programs draw heavily from the work of Rogers (e.g., PET), although not all are cognizant of the connection.

Ecological systems theories

U. Bronfenbrenner (1975, 1977, 1979, 1986, 1987) has been the leading advocate of an "ecological" approach to the conditions and processes that enhance child development. This theory posits that a child needs to participate in "progressively more complex reciprocal activity, on a regular basis over an extended period of time, with one or more people, with whom the child develops a strong...attachment..." and who nurtures the child as the child interacts with other elements in his or her environment and develops trusting relationships. This ecology of human development focuses on the entire community of which the child and family are a part, acknowledging all the indirect influences on the child's growth and development. It is, they believe, the responsibility of society to provide the supports by which this process can occur. See also the work of Bigner (1979), Maccoby and Martin (1983), Zigler and Freedman (1987), and Garbarino and Abramowitz (1992).

For family support practitioners an ecological systems approach is very influential and is regularly cited as a basis for justifying their work. Some researchers and other observers of the field have expressed concern that few of these practitioners know much more than the general outline of the theory, and are particularly lax in their grasp of the child development dimensions inherent in it.

Social improvement theory

These theories suggest that the adult learner has not only a responsibility to grow personally, but also should contribute to the betterment of society. The learner's everyday life and experiences are therefore relevant to the curriculum. The methodology most favored by this school of thought is problem solving. The work of Benne (1957), Bergevin (1967) and Hallenbeck (1964) have been influential, but the work of J. Dewey (1916) is often viewed as foundational—especially in parenting—because of his emphasis on learning as a reciprocal process, where the teacher learns from the student as much as the student learns from the teacher.

Integrating the Theories

As we noted above, many programs and practitioners "borrow" insights from different theories, often unconsciously integrating them. In a few places conscious and serious attempts have been made to do so. One can be seen in the "family support" design and another can be classified as a "clinical infant mental health" approach. Again, the presentation here is only intended to be illustrative.

Family support

A family support program focuses on the family, but seeks to include child and adult development theory, family systems, humanistic and ecological theories. Dunst (1994) has suggested that these theories hang together on a series of principles and paradigms that include a promotional and asset-based approach. Weissbourd and Kagan (1989)—with a heavy nod to Bronfenbrenner—have said that the "goals of family support programs focus on enhancing the capacity of parents in their child rearing roles; creating settings in which parents are empowered to act on their own behalf and become advocates for change; and providing community resource for parents."

We estimate that only about 10% of existing parenting programs can be classified as based on family support principles. Some say they are family support programs, but have not made the paradigm shift in their practices. Some are unaware of these principles or the family support movement per se, but may embody them nonetheless. Still others have made a commitment to some, but not all of these principles.

Clinical infant mental health
This approach, which is also an integration of a number of theories, tries to focus on those factors necessary to change the relationship between parent and child. It is a focused treatment orientation (growing from work with "disturbed" parents) that "utilizes direct intervention to reverse maladaptive parenting" (Stott and Musick, 1994). and assumes that education and support are not sufficient to change parenting behavior (Anders, 1989; Halpern, 1990). By emphasizing the relationships at work in parenting they believe they can take into consideration the more complex and diverse influences that impact the process. Practitioners require strong clinical and observational skills. Important perspectives of this approach can be seen in S. Fraiberg (1980), S. Greenspan et al. (1987) and A. Lieberman (1985, 1993).

This is, to be sure, a subset of parenting education and it is yet to be proven that the insights of clinical infant mental health can be generalized to all parents.

BASIC APPROACH

An approach is a way in which something is accomplished. In this context it is important to note that embedded in any theory or implied in its use are certain approaches to working with parents, families and the communities of which they are a part. This orientation should grow logically from the theory being advanced, but nonetheless needs to be identified, particularly as most programs employ more than one theory in their work.

Family Strengths

As we noted, part of each philosophy is the assumptions the program holds about families, their needs and strengths. They can be best understood if seen on a continuum, moving from intervention through prevention to promotion. Valuable insight to these differences has come from Carl Dunst et al. (1990, 1994) and Cowen (1984, 1985).

Intervention
Most of the parenting programs in the country were originally developed on the assumption that something is wrong with the child or the parents (or both) that needs to be fixed. This is, at its heart, a "medical" or "treatment" approach that tries to address the negative effects of a problem or disease. It has been the traditional way in which many public programs have been designed and is the hallmark of the training of thousands of practitioners. These programs seek to intervene in the family to correct what is wrong. They begin by looking for a deficit.

Prevention
Many programs have begun to differentiate themselves from an intervention approach by seeking to deter or prevent problems before they start. They are aware of the risk of negative outcomes and design programs to block or protect against the real or perceived problem. These approaches are more positive, but nonetheless carry the assumption that the potential for trouble resides in the family. Thus, this must be seen as a weakness model, although we note that there are prevention programs that seek to identify and employ family strengths to overcome these weaknesses. This latter point leads some to use a word like "cautionary" rather than "weakness," pointing to those universal difficult moments in every parent's experience.

Promotion
A growing number of programs (but still a minority), especially those that identify themselves as "family support," are taking an approach that emphasizes mastery and optimization. They seek to develop and enhance parental capabilities, assuming that all parents have strengths that can be promoted and maximized. Also at work in a promotional approach is the belief that the likelihood of behavior change is greater when assets are emphasized.

Empowerment and Self-efficacy

This discussion of "strengths" and "weaknesses" begs the question of how programs invest in the strengths of families. In most arenas of human service the word "empowerment" is seeing heavy use these days—some say overuse. It does, however, provide a helpful understanding of how programs approach their work with parents. The use of the term "empowerment" in parenting education falls into two related areas, one dealing with the parent (self) and the other dealing with the interactions practitioners have with the parent. In these areas, one can distinguish between parenting programs that are oriented toward "solving parents problems" and those that seek to give parents tools to solve their own problems.

Bandura (1977, 1981, 1986) and others did studies on the idea of self-efficacy or the sense of confidence in coping with different situations. Personal efficacy is not a personality trait; rather it is a set of beliefs and expectations that pertain to certain behaviors and goals. These beliefs are:

- outcome value: how important a person assesses the goal to be.
- outcome expectancy: the belief that a person can attain that goal with certain behaviors.
- self-efficacy expectancy: the belief that a person is capable (or not) of achieving that goal.

Self-efficacy leads to a sense of feeling in charge of one's self and one's situation. When people feel more competent, their self-esteem grows (e.g., Jean Illsley Clark, *Self Esteem: A Family Affair*). A common feature of parenting programs is an emphasis on the nurturance of self-esteem in children. Many have also recognized that this outcome is hard to attain if the parent's self-esteem is low or if programs fail to nurture self-efficacy. Derlega et al. (1991), Kirsch (1980) and Maddux et al. (1986, 1987) have explored the different dimensions of this issue. There is some controversy surrounding the issue of self-esteem (tendency to praise and uncritical nurturance can conflict with, for instance, demands for quality job performance); it is here that we can see the potential conflict between child development theory and social improvement theory.

For more than a decade researchers and practitioners have been attempting to change the thinking about the capabilities of parents, the roles that exist between parents and practitioners, and the responsibilities of one to the other (Cochran and Woolever, 1983; Rappaport, 1984; Katz, 1984; Clark, 1989; Lord and Farrow, 1990; Cinton, 1990; Dunst et al., 1992; Weiss and Greene, 1992). Essentially, the difference is drawn between those programs that are more "paternalistic" (i.e., those that try to provide an "expert" solution to a problem) and those that "empower" participants (i.e., those that recognize and seek to strengthen the capacity of parents and to promote greater competency). Traditional government-run programs are generally judged to be the least empowering, as seen in their tendency to take away control and to devalue the people who are the target of their services.

Unfortunately, the overuse of the word "empowerment" makes it difficult to decipher rhetoric from practice. The diversity of empowerment designs is almost too broad, and it may be easier to focus on other program characteristics to discover how this approach is made manifest. For instance, one cannot assume a program "disempowers" parents because it is interventionary in approach. There are many treatment-based programs that can demonstrate a strong commitment to empowerment and family-centered care. Here a family support principle can be in use even though the program itself could not be called family support.

There is also something of a "backlash" to the references to empowerment amongst cultural and racial minorities. A few have begun to say that the very concept is one conceived by power-holders to "grant" or give power to those without. "I'm sick and tired of people who want to 'empower' me," one Latina practitioner said recently.

Community Based

The well-known traditional African adage says that it takes a whole village to raise a child. This phrase is used often in parenting programs because of their belief in the interdependent nature of family life and the unique resources each community brings to nurture families. Programs that are community based are those that are not only sensitive to the culture, values and mores of that particular setting, but see these things as resources for quality programming. It is accepted that families have always needed support in child rearing. This approach identifies, affirms, invests in and promotes those supports that communities can offer families. (Weiss and Jacobs, 1986; Zigler, 1986; Weissbourd and Kagan, 1994; see also Harvard Family Research Project, "Building Villages" series, 1994.)

Interdisciplinary and Collaborative Infrastructure

The nature of parenting education is such that it draws insight from at least four distinct disciplinary areas: education, health care, mental health and human service. Parenting programs usually grow out of one of these four, but, while they borrow from each other freely, the majority remain convinced that their discipline "discovered fire" on the fundamental approach to the subject.

There are a few programs, however, that have acknowledged the interdisciplinary nature of the subject, intentionally modified or designed their programs to connect to other disciplines. Then too, it is becoming increasingly accepted that any program that seeks to serve the needs of families cannot do so in isolation. Effective programming must build partnerships with related service providers.

Both the Harvard Family Research Project (1993) and the Family Resource Coalition (1991) have sought to promote a collaborative approach to working with families. (See also Kagan, 1991; Levy and Copple, 1989; and Caplan and Killkea, 1976.) HFRP suggests that a collaboration is a "process of combining and coordinating financial, human and administrative resources and activities to deliver more comprehensive, coherent and humane services to children and families." In some cases the motivation is efficiency and cost saving, but more often it is to provide families with comprehensive and seamless services.

It is probably helpful to measure collaboration on a continuum that has information and referral at one end and a total restructuring of service delivery at the other end (HFRP, *Collaboration*, 1993). These collaborations are only beginning to address the more complex questions of how to integrate differing approaches, but many barriers must be confronted (e.g., the difficulty of achieving shared recognition). The family support movement is working to explore the infrastructure of such a design, but the language, reference points and accepted authorities are still being debated. What we found, therefore, was that the collaboration was usually structural, but far from the level of surfacing, reflecting on and (perhaps) integrating or otherwise coming to grips with the diverse theories the different practitioners bring to the mix (e.g., theories of how one promotes child and family development, the roles of other disciplines, etc.). This issue has to rank high on the agenda for a maturing field.

Another insight into this issue can be found in programs that are committed to parent involvement in education. S. M. Swap (1993), J. Chrispeels (1992), Comer (1992) and Epstein (1991) have noted a continuum in how effectively schools have been able to build true partnerships with parents. At one end are schools that have minimal interest in parents and at the other are those that have opened the decision-making processes of the schools to parents. Such a characteristic would be an important part of understanding the nature of parenting programs in educational settings.

METHODOLOGY

Methods are the processes by which something is accomplished. Every parenting program has a methodology, either intentional or unintentional. If it is the latter, the program usually has mixed or poor results. In parenting education particularly, methods are an arterial part of the program content. How a service is delivered can dramatically affect the outcome of that service, often more than program leaders understand. Despite the quality of the content, if it is delivered in an ineffective or inconsistent manner, the goals of the program can be jeopardized. This has been made most clear in the programs that emphasize "developmentally appropriate practice" with children (e.g., Weikart, High Scope). Nonetheless, many parenting educators and, for that matter, parenting program designers are ignorant of or treat superficially the issues of methodology. On this subject we are suggesting that there is more to the issue than merely the site of the activity, although descriptively we do refer to where the parenting program occurs.

Many practitioners and observers of the field of parenting education confuse methods with content or program type. Methods refer to how the work is done, not what is done.

The following categories denote the major methodologies at use in parenting programs (recognizing some programs can and do employ more than one method):

Center Based

Programs that are designed to take place outside the home, often in a center or room designed for this purpose. Some center-based programs have given a great deal of attention to providing "safe, supportive" space that makes parents and children comfortable. Others offer more traditional classrooms or meeting rooms. Some centers have information, resources, libraries, toys, etc. available for parents and children.

Groups

Most center-based programs offer programs on a group design. These can range from workshops and seminars to support groups and parent-child activities. The group activities are usually conducted by staff who have received some training in group processes, although not all. Awareness of social and group theories of change is low but many place strong emphasis on aspects of group facilitation. Napier and Gershenfeld (1981, 1983) have helped to show the importance of group methods. Joining them are Conwill (1986), Kaingsberg and Levant (1988), Pisterman et al. (1992), Hornby (1992), and others. Another aspect of groups that needs to be considered here is those that are centered on the parent-child dyad. The efficacy of this model has been explored by Coufal and Brock (1988), Guerney and Guerney (1989), and Schamess (1987).

Two programs that place strong emphasis on groups are MELD and Parents Anonymous, although their use is not widespread.

Individuals

Only a small fraction of center-based programs focus on individuals. Those that do are usually therapeutic, medical or interventionary in design. A few programs offer normative support services on a customized (usually fee-for-service) basis. However, there are many center-based programs that have "drop-in" programs that encourage both parent-to-parent interaction and one-on-one informal interaction.

Home Based

These are programs designed to take place inside the home, commonly by prearranged appointment. Home-based programs usually employ home visitors to deliver services, although there are many names used to describe these people (toy demonstrators, family life educators, etc.). The most well-known use of this method is the work done by paraprofessionals in a variety of programs, although visiting nurses are increasingly being called upon to expand their services to new mothers to include parenting education. Home visitation is the favorite method of some of the larger national parenting programs (e.g., PAT, Resource Mothers, HIPPY). (The most thorough discussion of home visitation is probably the Center for the Future of Children's publication *Home Visiting*, Vol. 3, No. 3, 1993; see also B. Wasik's book on the same subject.)

Groups

There are few home-based programs that employ a group design, and many grassroots efforts that promote home-based parent-to-parent groups. Some for-profit parenting programs do this, using video-based discussions (a "Tupperware-type") like Active Parenting.

Individuals

By far the largest number of home-based parenting services offered are focused on individual families or parents. Of these, probably 80% use some form of a home visitor design. In some cases, parenting education is offered as the sole service, but more often it is provided as part of a medical, therapeutic or social service program. It is important to note that the vast majority of these programs are voluntary. Home visits typically use information sharing, modeling, demonstration, emotional support and various forms of service connection in their work with families (see Chamberlin, 1980, and Halpern, 1986).

The advantages of home visits are many: they go to the home where family life transpires (both safer and more revealing), they remove barriers to participation (e.g., transportation), they help shift the power base and can take advantage of the personal and relational dimensions of building support for behavior change.

There are also disadvantages. Home visits are often intrusive and overused with low-income/vulnerable families that have far too many providers come to their home. Service delivery is difficult to supervise and sometimes risky for the visitor. They can also place practitioners in the middle of complex issues for which they have little or no training. Home visits can be overvalued, especially when not connected to a more comprehensive set of services. Finally, home visitation is often the most expensive means of doing parenting education.

Heather Weiss (1993) has concluded that home visitation is a "necessary, but not sufficient" part of a larger strategy to strengthen families. (See "Intensity," below) Another good discussion can be found in Larner and Halpern's article, "Lay Home Visiting Programs: Strengths, Tensions and Challenges," published in Zero to Three's book *Supervision*, edited by E. Fenichel, (1992).

Institution Based

A final category needs to be identified, namely those services and programs that are delivered in institutions as an integrated part of a more comprehensive plan of care (but cannot be identified as a "center" per se). A typical example might be a perinatal program in a hospital that includes parenting information or basic skill education. Other examples might be corporate "brown-bag lunch" programs or the work of the Cooperative Extension (the latter offering its programs throughout the community). These programs can be of individual or group design.

We also want to acknowledge that there is a dimension of institution-based programming that can happen outside the home or any given center. These programs tend to be more informal, although usually quite intentional. An example might be an out-of-home mentoring program like ParentShare.

DURATION AND FREQUENCY

The duration and frequency of parenting programs are important descriptives. Both have a direct impact on outcomes. There are hundreds of parenting programs offered as stand-alone workshops, seminars or "brown bag lunches," but the effectiveness of these programs is not proven, even though they are quite popular. It is generally agreed that longer programs are more effective, although there is little research on how much is "enough." Some evidence exists (Ramey and Ramey, 1993) that programs that go on for two years or more often run into difficulties. What is at issue here, however, is the problem of retention. Recently, H. Weiss did a review of 10 well-known 0-3 programs and their evaluations found that more than 50% of the parents dropped out by the end of two years.

The frequency of programs must also be considered. Some programs meet once a week or once a month. Others are biweekly or daily. The ability to permanently integrate a concept or skill into one's behavior is dependent upon how often one is exposed to the information and the reinforcement one receives through sustained and supportive designs. These factors, especially reinforcement, relate back to why so many parenting models opt for longer-term support-group formats.

STAFFING PATTERNS

Practitioners

There are essentially four staffing patterns at work in the field of parenting education: professionals, paraprofessionals, volunteers and combinations of two or more of these.

Professionals

Traditionally, and still primarily so, professionals deliver parenting programs (usually as a part of their work as a nurse, doctor, social worker, teacher, therapist, etc.). Rarely is it all they do. They use parenting education as a tool to support them in their other work. Typically each practitioner is a dedicated child of his or her discipline, having received defined professional training, and employs the perspectives and resources that grow from that training and authority base. In some cases these professionals only offer "advice." In others they offer lectures or workshops, often designed as a "public service" or, more likely, as a marketing tool for their other services (many therapists and hospitals do this). Few, although increasingly more, of these professionals offer comprehensive parenting programs with defined goals that seek to positively affect outcomes.

Notably there is an emerging professional role known as "parenting educator" or "family life worker." Despite the absence of a fixed curriculum or certification outside a few nascent state efforts like those in Minnesota, Iowa, New York and Virginia, the numbers of these professionals are growing rapidly. There are also efforts under way to seek wider professional recognition. Nonetheless, a provider in a more traditional professional role (doctor, nurse, social worker) is still what parents are most likely to encounter.

Most of the larger national parenting organizations have a training program for their own model. Generally they are 18 to 30 hours in length, and for professionals these trainings are seen as "in-service" events, not pre-service training.

Ironically, the formal preparation and certification of traditional professional providers (M.D.s, R.N.s, etc.) includes little or no study of parenting. The professional role with the most relevant preparation seems to be the child development specialist and family specialist, although it would be an overstatement to say that even they were fully prepared for the role of professional parenting educator (see "Training of Practitioners" below).

Paraprofessionals

One of the largest categories of staffing in the field of parenting. Many programs are specifically designed to recruit and train staff (usually parents) who have no academic credentials in a recognized or related field. The assumption here is that parenting education can effectively use "natural helpers" who master a body of knowledge and definable skills that do not necessarily carry a particular professional prerequisite (see Bond and Halpern, 1987).

The advantages of this staff model are primarily two: economic and programmatic. Economically it is cheaper to pay a paraprofessional by the hour or at a nonprofessional salary (this has an impact on the large scale rollout of service-intensive models such as home visitation). Some have argued, however, that by the time one trains and supervises a paraprofessional the cost is comparable to the use of a professional. Programmatically there is growing evidence that paraprofessional staffing enables the surmounting of barriers to participation through the use of people from a particular community or target group. Additionally, parent-to-parent interactions can be as effective (or more so) than professional-to-parent interactions in some cases (informal support and linkage to services). It is also true that a portion of the family support movement has engendered an aversion for "expert" models and thereby caused some devaluing of the role of professionals. In contrast, many of the practitioners in the field of parenting education have been aspiring for greater professional standing as a recognition of the importance of this new discipline. It is the paraprofessional who most often sees training in a national model as "career" training.

There is, of course, a downside to the use of paraprofessionals. They can often find themselves in situations for which their training and knowledge base is wholly inadequate. The ability to understand when one is in over one's head is a skill that many paraprofessionals lack (as, of course, do some professionals).

Volunteers

Since the earliest days of the "friendly visitors," programming for parents has utilized volunteers—with varying degrees of success. Many of these programs were built upon a deficit approach and targeted low-income and minority families. A number of these programs still exist, most commonly within religious-based organizations.

Nonetheless, many parenting programs include or even mandate the use of volunteers. Indeed, thousands of programs would collapse without the contributions of volunteers. Typically, these volunteers have attended one or more of a program's offerings and become committed to the mission of the organization. Many receive training and become unpaid programmatic staff. Others simply assist the operations side of the organization.

The use of volunteers in family support-oriented parenting programs is built upon a commitment to having the consumers participate in shaping the services they receive. This level of empowerment extends in a few programs to the requirement that parents be present as full partners and collaborators in the decision-making boards and committees of the organization. Of course, most programs, by their nature of being community-based nonprofits, depend upon community volunteers to cover many tasks that cannot be handled by paid staff.

Training of Practitioners

We note with some concern that the training of practitioners varies widely. Degree-granting programs in parenting education or family support are just now beginning to be offered and there is only a slowly emerging consensus on what concepts and competencies should be mastered. As a result, the field is filled with inconsistent standards for practice. Traditional professions rely on their basic preparation to qualify them for work with parents. National parenting models train for the use and promotion of their particular model, which helps advance their approach but falls short of a comprehensive foundation for practice. Musick and Stott (1990) and Halpern (1990) have noted the added problem of inadequate understanding of the interactions between staff and participants. It is also true that for those programs that employ professionals and paraprofessionals there can be significant role confusion.

We are encouraged by a few emerging efforts to address training in a more comprehensive way. Some schools (Wheelock, Bank Street, Nova, University of Chicago) have launched efforts to train practitioners. Wheelock offered one of the first master's degrees in the field in 1984 and in 1995 initiated a certificate in parenting education. But these examples nearly exhaust the list.

Of course there are many individuals who have their own training designs and "certifications." T. Berry Brazelton has launched a training program centered on his Touchpoints perspective. And organizations like Parents, Inc.; MELD; PAT; and others have begun to offer training in "core competencies." This latter movement is, in our opinion, one of the more critical steps in the maturation of the field. A model-driven approach has been the standard for some time, bringing with it the advantages of a relatively fixed and measurable curriculum. However, as programs get used in more complex situations (and, out of necessity, adapted) the need for a deeper level of competency has emerged. It is, as we have tried to show, the critical next step, but one that will not be accomplished easily. (See Chapter 7, "Training," for a more detailed discussion.)

INTENSITY

The needs of families differ, moving on a continuum from simple (a casual interest in information) to complex (clinical or therapeutic treatment). In direct correlation to the level of need is the intensity of the service required. Few parenting programs have fully considered the dimensions of the intensity of need—particularly when dealing with families that have multiple and complex needs—and the skills they demand for quality performance. There is also a major issue of approach at stake here, namely that a growing number of practitioners—especially those committed to family support principles and family-centered care—are convinced that parents ought to be actively involved in determining their own "need." This places a much greater challenge before practitioners: they must not merely assess a need, but involve the parents in that process.

William Dougherty, professor of family social science at the University of Minnesota, has suggested that there are five levels that mark the intensity of service in the field of parenting education and family support. Originally designed for training family physicians, his model was later adapted specifically for parenting educators. The scale is titled "The Levels of Family Involvement for Parent and Family Educators" (1993).

- *Level 1:* Information presented to parents with little or no interaction or valuing of the parents as participants. Lectures and prepared resources.
- *Level 2:* The first real level of parenting education. Workshops on specific subjects and an approach that seeks and values interaction with parents. Staff needs strong information base and empowerment orientation with parents.
- *Level 3:* Discussion groups and support groups. Free-ranging topics and a degree of personal sharing. Staff must have emotional and group process, role play, peer observation and co-facilitation skills in addition to an advanced degree of Level 2 skills.
- *Level 4:* Systematic assessment and planned intervention (usually home visitation and intensive group work). Must have excellent group skills, understanding in family systems, assessment skills and some specialized training. Can, in some programs, get close to therapeutic services. Practitioner must know how to set limits to protect self and parents. Usually works with a Level 5 trainer or supervisor.
- *Level 5:* Therapeutic and clinical interventions. Highly personal. Most often employs a treatment or deficit model. Not considered part of parenting education.

We find this presentation a helpful tool in examining how intrusive programs are and how they interpret and respond to family needs. It also reveals their approach to the preparation and support of their staff. It has been our finding that many programs train for a different level of service than that which they provide, or, as Dougherty cautions, assume that someone trained at a higher level (say, Level 5) can be effective at a lower level (say, Level 3 or 4). The reason for this disparity is not clear; it may be traced to funding streams that pull programs in illogical directions or cause them to make compromises; it may also be traced to an agency's history that led it into situations that were not anticipated by the program designers.

Programmers seem to have the greatest difficulty at Level 4, since so many parenting designs use a home visitation model (see "Methods," above) for service delivery. A significant number of programs use paraprofessionals or even volunteers to conduct home visits (e.g., HIPPY, Resource Mothers, Healthy Start, Mother-Child Home Project), emphasizing the advantages of a "parent-to-parent" format. However, a review of home visitation by Olds and Kitzman (1993) concluded: "Programs which employ professionals (especially nurses) and are based on more comprehensive service models stand a greater chance of influencing qualities of parental caregiving...than do narrowly focused programs staffed by paraprofessionals." This opinion (not universally accepted) may reflect the disparity between the intensity of need and the training of the service providers, but it does suggest, at a minimum, that we need greater clarification of the role of home visitors. As a result, it is becoming increasingly apparent that programs must give far greater attention to raising the standards for the pre-service and in-service training of staff as well as their ongoing supervision, especially those who are being asked to work with families who have a high level of need. In our opinion, most parenting programs have placed inadequate emphasis on supervision and quality control. We acknowledge that there is a genuine tension between what may be "best" and what is, in fact, affordable. This tension, however, should not retard efforts to deepen our understanding of the need/service dynamic.

Supervision

No discussion of intensity of service can take place without consideration of the supervision of practitioners. E. Fenichel (1991, 1992), Bertacchi and Stott (1991), and others have layed important groundwork for this subject. Self-awareness and self-reflection, the ability to act consciously and deliberately, as well as the ability to set limits and contain conflicts are critical factors in effective work with children and families. Wincott's (1971) views are particularly helpful in defining these traits. The development and maintenance of these skills and perspectives grows from a serious commitment to supervision and in-service training.

In our opinion, there is no single area of performance in parenting education and family support that is of greater concern. Far too many programs run without any form of supervision, and of those that do have provisions for it, the supervision is usually weak or inappropriate and too infrequent. The causes for this are many, but the most prominent seem to be cost, adequately trained supervisors and an understanding/commitment from program managers.

The higher the intensity of service, the higher the level of training and supervision necessary for the practitioner. All programs should be measured by this standard.

CULTURAL DIVERSITY

It is now widely accepted that parenting programs must be both culturally relevant and sensitive (Weissbourd, 1990; Powell, 1983; Lynch and Hansen, 1992). This commitment recognizes parents' diverse backgrounds and the need to value their beliefs, traditions, perspectives and unique resources. It also acknowledges that there are differing, but equally valid, approaches to child rearing.

Early on, this awareness was focused primarily in efforts to address language, illustrations and visuals used in parenting programs. Later this concern matured to address deeper issues of cultural traditions and significantly differing perspectives of society and "normal" behavior for both children and adults. The end result of this evolution has been a commitment to invest in the cultural resources of families and strengthen the "cultural competence" of programs (compare the views of Comer and Poussaint (1975), J. Kunjufu (1983), J. Comer (1988), K. Alvy (1994) and D. P. and D. S. Hopson (1990).

Recently a new debate has emerged in regard to the difference between programs and resources that are culturally specific in contrast to those that are culturally sensitive (Steele, 1995). The former is identified by those efforts to design programs that lift up, emphasize and strengthen the unique cultural roots of a specific group or community. The latter is identified by program designs that enable each cultural group to lift up their strengths, but go on to stress a "cross-cultural" competency (emphasizing that children must have the ability to not only value their heritage, but must function in a world with people who may not share the same heritage). This valuing of other cultural strengths was documented in a study by Chang and Sakai (1993).

All programs should be assessed by their commitment to cultural diversity, and should have the ability to articulate their approach and demonstrate it in both their materials and their staff training.

Additionally, it must be noted that a few programs have made strong efforts to address issues of diversity in program content and resources, but have not made the shift in staffing patterns or in populating boards of directors. Still others have moved to involve persons of color (for instance) on staff and boards, but these people may not share the socioeconomic sensitivity of the families they seek to serve. There has not been, frankly, much discussion of "tokenism" among program leaders, although everyone acknowledges its existence. Parenting education—and family support for that matter—is still a predominately white exercise and the issue becomes more clear the higher one goes on the organizational ladder.

TARGET POPULATION

Most parenting programs have made a conscious decision to target a particular population for their services. In some cases this choice was made for programmatic reasons, in others for pragmatic reasons (e.g., funding or politics). The single largest portion of parenting programs target early childhood and the smallest number target the middle years. We estimate that no more than 10% seek to serve families of children 0-18, although many programs that were initially designed to serve a tightly targeted group are now "maturing" and trying to serve a broader audience. This is understandable and enables them to be more responsive to the realities of family situations. The challenge is, however, that some programs have only measured their effectiveness with the target group, and as they broaden their reach they may be diluting their impact.

The issue of targeting cannot be covered adequately without some recognition of the tension and debate that exists regarding whether programs should be universally available or focused on "at-risk" or vulnerable families in a particular area. There is little debate over the fact that the services are needed by all families and that it is one of the strengths of the field that, in contrast to more traditional services, parents do not need to be identified as having "problems" to get services. Powell (1988) pointed to the philosophical inconsistency between the asset-based approach (which implies universality) and targeting (which implies deficit-based approach). The resolution of this issue is not clear, but some (e.g., Kentucky), have tried a "phased" approach, where the goal is universal participation. (See the AAMFT's Family Impact Seminar series, "Family Resource, Support and Parent Education Programs," 1991.)

The More Common Targets Include:

Prenatal and Perinatal

A small fraction of parenting programs are prenatal in orientation and are usually a part of a child birth education design. Other than healthy-baby outcomes (reducing infant morbidity and mortality) these programs have not produced evidence of their effectiveness on parenting practices.

Birth to Three

Since the work of Burton White and others (Bowlby, Brazelton, Fraiberg, Kennell and Klaus, Mahler) established the critical nature of the first 36 months of life there has been a virtual explosion of parenting programs that target the first three years. In fact, we would say that the most commonly targeted audience for parenting is this group.

Preschool

We would estimate that fully two-thirds of parenting programs in the U.S. are focused on parents with children ages birth to five. Once a child enters kindergarten or first grade, parents have a feeling that they have accomplished the bulk of their job, and the interest in parenting programs drops off significantly. This category includes some of the more well-known readiness programs like Head Start.

Teens

There are dozens of parenting programs that are targeted for the teen years. Roughly they can be divided into two groups: parents of teens and teens who are parents. The two have very different issues, needs and approaches.

Low-Income Families

Many parenting programs have targeted their services to low-income families, believing that while many parenting needs are universal, the access to services and support is less available to poor families. There are, sadly, a few programs that still function under a "deficit" (and prejudicial) model that assumes if a family is poor they need "help" with parenting issues. Another difficult issue for programs that seek to serve families that live in chronically poor areas is that staff who are not from these areas and life circumstances often have trouble being effective without significant experience, additional training, and a commitment to building partnerships with other community organizations and social service providers.

Specific Cultural/Ethnic Groups

As noted in our discussion of diversity above, some parenting programs have sought to respond to the unique cultural, racial or ethnic needs of a particular group by designing services for them exclusively. In some cases these programs have been simply adaptations of a fundamentally "white" model, but it is fair to say that a majority of programs in the U.S. are now far more culturally responsive, having been designed and executed by members of that community.

Geographic Areas

These programs seek to support all families within a specific region. This approach is one often promoted by federally funded programs. It is usually mandated along with one or more target groups (e.g., low-income, preschool).

Workplace

Many corporations and universities have targeted services for their employees and their families.

Other

The diversity of family situations generates an equally diverse number of targets for programming: migrant families, single-parent families, gay families, kinship care issues, families with special-needs children, religious groups, etc.

CONCLUDING NOTE ON PROGRAM ACTIVITIES

There is a broad diversity of activities parenting programs sponsor (see Weissbourd and Kagan, 1989), however we are hesitant to describe the programs by this measure. Activities can evolve and change based on the needs of families, changes in funding, etc., from month to month and year to year. One can see that stronger programs have made a conscious effort to develop activities that are consistent with their goals and tied directly to the outcomes they are pursuing, but the variety is such that this is not always the case. One thing is quite common, however: at this level programs must be highly responsive to parent needs. Indeed, many of these activities grew out of small grassroots efforts that parents designed.

Among the activities parenting programs employ are:

Arts, crafts and sewing classes
Bookstores
Child safety and CPR
Clinics and health programs
Counseling
Dance and theater
Developmental assessments
Drop-in programs
Exchange services
Exercise, sports and recreation
Fathers' groups
Immunization programs
Information and referral services
Libraries and reading programs
Literacy and GED
Mom's Morning Out
Parent-Child activities
Product evaluations
Publications and newsletters
Respite care
Seminars
Support groups
Single-parent groups
Tip sheets and cards
Toy demonstrations
Toy libraries
Trips and outings
TV and radio programs
Videos and tapes
Warmlines and hot lines
Well baby clinics
Workshops

Chapter 6

OVERVIEW OF CONTENT IN PARENTING EDUCATION

What do parenting programs teach? In this brief chapter we want to identify the most common principles and subjects observed in the programs we reviewed.

There are number of principles and assumptions that are put to work every day in most parenting programs, some are articulated openly, others are implied. They can be most readily seen in programs that follow a family support approach, but most of them are visible across the spectrum of programs.

- Parenting is a learned skill, not an instinctive one.
- All parents have the ability to be good parents.
- All families have strengths.
- All families need and deserve support, although these needs can and do vary.
- No family exists in isolation, and healthy families maintain a dynamic interdependence with their extended family and broader community.
- Every child is different and every family is different. What works for one does not necessarily work for another.
- There are no "quick fixes," healthy parenting is developed over time.
- Families must participate in shaping their own education and support.
- The best programs for parents are those that nurture partnerships with parents and develop collaborations with other support agencies.
- The diversity of individuals, families and communities is a resource for strengthening families.

Within this framework we can go on to consider the subjects most of the parenting programs cover. While not every program includes all the material presented here, parenting educators would generally agree that these topics are the most common. All parenting educators stress that parents usually have two fundamental questions they are trying to get answered: "Is my child normal?" and "Am I normal?"

Child Development: Ages and Stages

Related topics: infancy; understanding toddlers; preschoolers; toilet learning; sibling rivalry; self-care; adolescence; temperament; developmental challenges

The common thread among all parenting programs, child development provides the essence of what parents need to know in order to help them raise healthy, whole children. An understanding of the developmental stages a child passes through from infancy to adolescence allows parents to develop appropriate expectations for their children, feel more confident in their parenting, and support their children in healthy ways through their developmental stages. Also covers issues of temperament.

Setting Limits/Effective Discipline

Related topics: punishment versus discipline; promoting responsibility; "time out"; spanking and its alternatives; modeling

There is no other topic that parents are more interested in than discipline. As children grow they inevitably test the limits of their authority figures—parents, caregivers, teachers, etc. This information helps parents understand when and how to begin to set limits for small children, how to handle the temper tantrums of toddlers, and how to establish and maintain effective discipline in families as children grow. It can also give parents a better understanding of, and can provide some suggestions and tools to deal with the confusing and frustrating rebelliousness of teenagers.

Building Self-Esteem

Related topics: cultural identification and appreciation; between "feeling good" and self-esteem

Recognizing that parents need to feel good within themselves before they can successfully nurture their children, the foundational concept of building self-esteem addresses both children and adults. For adults, building personal self-esteem can be a result of receiving education (GED or other educational opportunities), parent empowerment courses, or job training. Teaching the basic concepts of self-esteem, encouraging appreciation for cultural uniqueness, and helping parents develop communication and behavioral skills that promote higher self-esteem in their children are all key concepts in the majority of parenting curriculums.

Health

Related topics: baby blues/postpartum depression; breast feeding; nutrition (mother and baby); first aid/CPR; infant; and illnesses

Recognizing the relationship between emotional and physical health, many parenting programs, either as a stand-alone workshop, or as part of a larger curriculum, include topics related to the physical health of both parents and children. A large part of developing confidence as a parent is understanding the special health needs of an infant, feeling secure in one's knowledge of healthy physical development as children grow, and knowing when to contact the family physician or take a child to the hospital. Much of this information is disseminated informally by health care professionals, especially pediatricians and the visiting nurse programs that follow up with new mothers after early discharge from the hospital.

Communication Skills

Related topics: active listening; "I" messages; "how to talk so kids will listen"

Learning how to communicate with children at their different stages of development is a critical parenting skill. How a parent talks to a toddler is quite different from communicating with a teenager, however the principles of healthy communication hold true throughout all phases of life. Active listening—including acknowledging feelings, listening without judgment, giving full attention—is one of the key concepts taught and practiced when working toward improved communication at any age.

Stages of Parenthood

Related topics: getting your needs met; marital relations; adult growth and learning

Becoming a parent is one of life's greatest transitions, and with parenthood comes a whole new set of developmental stages for adults. When parents develop an understanding of the stages they move through as their children grow, they are able to have more appropriate expectations for themselves, have greater insight into their feelings, frustrations and challenges as parents, and recognize the milestones of parenthood as they approach them. Parenting dramatically alters the marital relationship, and many workshops and/or curriculums help parents adjust and grow in healthy ways with their spouses.

Parent Involvement in Education

Related topics: parent advocacy and leadership; volunteers; home/school partnerships

Now becoming a national priority, many organizations are creating programs to teach and support parents in becoming active participants in their children's schooling. While the PTA has long been addressing this issue, it is only recently that many organizations that work with families are emphasizing the importance of helping parents learn how to get involved in schools, become partners with teachers, advocate for their children in school—with the goal of helping their children achieve higher academic success. Given the growing incidence of low academic achievement, school failure and drop out, this is one of the critical topics in parenting education today.

Balancing Work and Family

Related topics: dependent care; flextime; home/office tensions; careers and mothering

As a result of the exodus of mothers out of the home and into the workplace, as well as the political agenda of moving people from welfare to work, there has developed a growing trend toward reaching parents where they work, and assisting parents in balancing their work and family responsibilities. Employers are beginning to recognize the importance of creating "family friendly" workplaces, and many organizations now offer brief parenting seminars—including infant and baby care, discipline, adolescent issues, managing family finances, and/or finding day care for babies and toddlers. This is a critical content area since parents' productivity at work relates directly to their feeling assured and confident that they are providing adequately for their children.

Family Systems

Related topics: legacies; loyalties; values; traditions; "ghosts in the nursery"

Teaching parents about family systems can be an effective approach to breaking unhealthy parenting patterns. Everyone learns about parenting from the way they were parented. Teaching adults about dysfunctional family functioning, and introducing them to the theories of family alliances, triangulation, loyalties, enmeshment, boundaries and other important concepts, families begin to recognize some of their own limiting patterns and can choose to replace them with healthier ways of interacting.

Transitions in the Family

Related topics: birth of a second child; death and dying; divorce and separation

All members of a family move through a series of transitions throughout their lives together. Many experts feel that times of major change are great opportunities for learning, and for developing new skills as parents. While the themes of workshops or seminars vary, from "how to communicate during difficult times" to "explaining death to children," and "dealing with separation and divorce," parenting educators can use these times of change as opportunities to convey some fundamental concepts of healthy parenting.

Conflict Resolution

Related topics: family mediation; violence; anger

Living in a time when violence is more commonly used as a method of solving problems, there is a growing need to teach parents (and children) new conflict resolution skills. Many parenting workshops and seminars address issues of violence, in the home and within communities. "Anger management," both for parents and children, is becoming a common topic, as is "dealing with violence," "understanding sexual abuse," and others. Family mediation is a growing method of helping families resolve conflict, and mediators often provide sound information to parents regarding healthy parenting skills.

Advocacy and Parent Empowerment

Particularly within today's political climate where families are being significantly affected by rapidly changing legislation and where parents are being sought out to actively participate in the political process, there is a growing need for groups to advocate for parents and for them to speak out for themselves. A number of family support organizations are developing courses, workshops and training programs that seek to empower parents to speak out for themselves and their families in schools, communities, states and even in the federal government. The content taught in this context is directly related to the core concepts of parenting education that serves to build parents' self-esteem, teach them how to become more involved with their children's schooling, help them develop more effective communication techniques, and ultimately results in greater confidence in their role as parents.

Parents with Specialized Needs and Concerns

Almost every parenting program finds the need to respond to groups of parents with common needs. Among these are single parents, fathers, parents with special-needs children, culturally sensitive programs, low-literacy programs, etc.

Collaborations and Networking

Helping parents get connected to the services they need and developing support networks are common features of many parenting programs. Introducing parents to other resources and programs that will strengthen them enables them to feel more confident and capable in caring for their children.

Chapter 7

TRAINING, SHARED LEARNING AND PRACTITIONER SUPPORT

Probably the most critical issue facing the development of parenting education is that of how practitioners are trained, supervised and supported in their work with parents. In no other area (with the possible exception of evaluation) is the field in need of greater investment. To a person, from the front line to those individuals considered national leaders, parenting educators—and family support workers more broadly—are considered to be inadequately prepared for the responsibility they carry. Judy Carter, executive director of the Family Resource Coalition, when asked to describe the state of training nationwide, said it was "terrible." This assessment comes from the organization that has led the training debate for many years (FRC's first Task Force on Training for the family support movement began in the mid-1980s, their Wingspread conference in 1991 was focused on training and their "best practices" document is due in 1996). But Carter is not alone. Ann Elwood, the founder of MELD, joined the chorus saying, "No one, no one has any idea how important training is."

At a time when interest in parenting education and family support is burgeoning and programs are expanding everywhere, the demands on practitioners are enormous. Not only is there more work to be done, but these practitioners are expected to work across cultures, disciplines and systems. Not only do they need to master a growing and diverse body of knowledge, but they must also be adept at the processes and methods that truly strengthen families. And, of course, they must produce dramatic results in short periods of time with ever-decreasing dollars.

Our ability to develop and sustain staff who can meet these demands is inadequate. A few valuable steps have been made, but there is a great deal more to do. We do not yet have the national consensus or the infrastructure necessary to prepare the parenting education practitioners who can deliver the quality programs and services parents need. This is not, however, a hopeless state of affairs. Neither is it a case of ineptitude, disinterest or failure.

Parenting education, and family support generally, is a young field that has developed largely outside existing institutions or disciplines. Therefore, it is fair to say that it is at a "developmentally appropriate" stage in its growth. Consensus on a host of issues, including content, while not established, is within our reach. In a half dozen places attempts at building an infrastructure have begun. Leadership, at the local, state and national level, is beginning to assert itself (including a second generation of leaders who are taking over organizations that others founded). There is strength here. The difficulties are (1) there needs to be a recognition and acceptance of the fact that training is critical to our ability to move to the next level of development, and (2) the task is, unfortunately, one of building the ship while it is being sailed.

In this chapter, we want to look at the current state of affairs and point to a number of critical issues that must be addressed. In our discussion we refer to definitions established earlier in this report, particularly those offered in Chapter 5, "Descriptive Categories for Parenting Programs." We use the term "practitioner" and "parenting educator" interchangeably here and do so as inclusively as possible, meaning anyone—professional, paraprofessional or volunteer—who offers programs, resources or services to parents to support them in child rearing.

Finally, we want to point out some important realities that impact training:

- Today there is no nationally established or accepted training for parenting educators in the U.S. Only in a few states (Minnesota, for one) have standards for parenting educators been set.
- This is a multidisciplinary field that borrows insights from at least four other disciplines or

fields: health care, education, mental health and human service. No one field covers the subject in its entirety.

- There are more than 200,000 practitioners in tens of thousands of programs that have been designed to meet very different objectives with widely varying constituencies.
- There are more than 300 known parenting curricula, at least 1,000 books on parenting, and probably in excess of 7,500 designs being used in 50,000 programs.
- Many of the parenting programs in the U.S. are grassroots in nature and poorly funded, thus they rely heavily upon paraprofessionals and volunteers to work with families. In some cases this is not a financial issue but a positive programmatic choice to be community based. In both situations the momentum can work against "professionalism" and higher levels of training and "standards."
- There is an inherent tension between collaborative, nonauthoritarian, asset-based approaches and the traditions of many professions whose fundamental training advances a "we know best" expert approach (FIS, 1991). The very nature of a family support model demands a rethinking of professional relationships and power sharing.

OVERVIEW

Many people who practice parenting education are highly trained. Some have very little training. But in few cases can it be said they have met a standard for minimum competency, or, say that they have (in comparison to other professions) much formal training in parenting education. These things simply do not exist.

While it is often agreed that a degree of training is necessary to work effectively with parents, there is not yet agreement on how much or what level of prior preparation is helpful. Often this depends on the objectives of the program, the intensity of service it offers and the methods it chooses to employ. There does seem to be a latent consensus on content (we estimate 70% or more), but as of yet there is little national effort to articulate it and nail it down. The Family Resource Coalition has been working for nearly four years on creating a national consensus document on "best practices," and is expected to be published in 1996. It is hoped that this document will, in part, carry some of the impact that the 1987 National Association for the Education of Young Children's similar document had for the early-childhood education field.

Across the country there is a wide range of approaches to training. The popularly marketed curricula (STEP, Active Parenting, "How to Talk...") often advertise that "no training is necessary" to use their material, although some of them have loose "training" (read "marketing") programs. More established parenting programs (PAT, HIPPY, MELD, AVANCE, PET, PSP, Nurturing Programs, CICC) have some form of internal training design, particularly the larger national models, and a few are quite well developed. Yet, those that require training in the use of their models are only a fraction of the total; most say training is "available" but not required. Nurturing Programs, for example, is a respected design for child abuse prevention, but anyone can purchase the material and put it to use. Nurturing Programs is a for-profit company that has nearly 250 trained "consultants" around the country who, in turn, offer training to practitioners.

The state-sponsored programs (like ECFE in Minnesota, the Iowa Family Development Specialist program and the New York State Credentialed Family Development Specialist [FDC] program) have begun to open up some exciting avenues for training. Each has attempted to create standard credentials that practitioners are required to meet. In each case these programs are part of an effort to reorient the family service system to a more empowering, preventive approach, and parenting education plays a central role in each design. It remains to be seen if these credentials will have a lasting impact on the practitioners or whether they will be, as has happened in other arenas, exercises divorced from employment and pay guidelines and thus noble but irrelevant.

The training itself is most often an "in-service" exercise, designed to complement the skills and training practitioners already have. For some this is a formal training in a model they will help replicate. For others it is a traditional, formal, but disjointed effort sponsored by their employer. And for still others—a sizable group—it is completely informal and self-directed.

The newer development is that of "pre-service" training. This dimension of preparing practitioners before they begin work, or as a part of their graduate or professional training, is still in its infancy (of course, we acknowledge that in some areas—for instance the training of home economics teachers—a form of parenting education has been around for decades). There is a fast-growing interest in pre-service training, however, because of the creation of so many new jobs (and state-mandated credentials). At this juncture there may only be 1,200 to 1,500 people who have pre-service training as parenting educators or family support workers (fewer than 1% of the total of practitioners), but we expect that this will take a quantum leap in the next few years.

IN-SERVICE TRAINING

This category includes all practitioners who already have a position in a related field and who augment their basic preparation with formal or informal training in parenting education.

Who Is In-Service Training For?

Professionals with credentials in another recognized discipline
This category probably represents the largest group of parenting practitioners. It includes physicians, nurses, therapists, social workers, educators and others of similar professional standing. In most cases they have reached their position having met certain national/state-accepted standards for certification or licensing in their field. In some cases, these practitioners may carry more than one kind of certification.

Parenting education is for these people something that is usually a part of their other work; for a very few it is solely what they do. Generally they believe that they are qualified for their work with parents because of their professional preparation (for instance a pediatrician, a pediatric nurse, an early-childhood education teacher or a family therapist). In each case they have mastered a significant body of information and endured elaborate processes of testing, apprenticeship and supervision. On the face of it these people are generally considered by their colleagues, their disciplines and society as a whole to be the "experts" in the field of parenting. They are some of the most visible and respected leaders and opinion shapers on the subject.

Yet upon closer examination the knowledge base these practitioners have about parenting is often rather limited. Physicians, for example, have no study of parenting or issues of discipline, self-esteem, etc. in medical school. Their course of study is "medical"—the identification and cure of sickness coupled with some preventive care. They study sick kids, not anxiety-ridden parents. A 1990 research study published in the journal *Pediatrics* noted that over 70% of the issues parents bring to their pediatricians are nonmedical in nature and that the doctors are wholly unprepared to deal with these questions. What we discovered is that doctors who do have something of value to share with parents are those who have embarked on a course of self-study apart from their medical training.

In other disciplines variations of this same theme occur. No social worker is required to study parenting or even child development. Yet hundreds of M.S.W.s lead parenting programs across the U.S. every day. Early-childhood teachers may have mastered the ages and stages of child development, but know nothing at all of the ages and stages of adult development and parenting.

In each case the typical pattern is one of the established professional expanding his or her basic preparation, usually by a self-directed acquisition of information and additional skills.

On the more positive side, many of the organizations for which these professionals work (often at their own suggestion) offer "in-service" training programs and professional development opportunities. A growing number of in-service training programs have been established, often as an offshoot of an established training model, but it is not uncommon to see this as part of an "expert" or author's promotion and marketing. One of the advantages of this group is that many of them have some professional requirement to stay abreast of their field and/or to book continuing education credits each year. For those who do not, it is still an accepted and respected activity among their peers, thus there is more than adequate support for seeking training.

Uncredentialed professionals
This category includes all those professionals in the areas of health care, education, mental health, human relations or human service who do not carry recognized credentials in their field but who also practice parenting education. These practitioners might be health care workers, human resources personnel in a corporation, staff members of a welfare agency or of a homeless

shelter, etc. This is the fastest growing segment of parenting educators.

Here there is less chance that they or anyone else would assume they are prepared to work with parents or to teach parenting education without additional training and support. It is also true that this group is often exposed to "in-service" training, both required and voluntary, as a regular part of their work environment.

Many of these people are the targets of the newer state-mandated certification programs.

Paraprofessionals and volunteers

This group is much smaller than the others and most of the training they receive must be categorized as "pre-service." Within this group one often hears that their most important qualification to be a parenting educator is that they are themselves parents. While this parent validation may be true of practitioners in the professional category, it is neither the basis for which they are certified as professionals nor for which they have been hired. Nonetheless, it would be a mistake to omit these practitioners from this section as many of them are the most highly motivated about obtaining additional training and support for what they do.

It is also true that this group of practitioners is most often drawn from the community that the program serves. As such they are, in many cases, better prepared to establish a basis of cultural and social understanding with the families the program seeks to reach.

Where Does the Training Come From?

As was suggested, there are few regular courses of study for any of these practitioners. Most often their training is a self-directed exercise. In a few instances it may be directed by their employers, but even at this level the training is apt to be eclectic and of varying quality. There is little consistency or method in the approach to the information and skills they seek to acquire. It is almost always driven by a need or interest in serving parents better, to augment what they already know.

While there exist more than a dozen national models with training components, some of which are well designed, the reality is that the vast majority (we estimate more than 75%) of the people who are engaged in parenting education were not trained in any formal program or model.

Generally we found that credentialed professionals were of the opinion that their own profession was the best source of material, reference and training. The authorities they most often referred to were those within their profession, especially health care, mental health and early-childhood education professionals. Doctors referred to other doctors, the AMA, the AAP and medical journals as the source of their information and training. Therapists referred to organizations like the American Association of Marriage and Family Therapists, American Association of Orthopsychiatry and other leaders in the field of psychology. Early-childhood educators like to refer to NAEYC, High Scope and the leading ECFE authors as their sources. Almost all of these practitioners cited "conferences" as one of the leading sources for their training.

When we pressed, however, the books these practitioners read and the other sources of their information were often popular materials they had purchased at a local bookstore (physicians and psychologists were eager to share that they depended upon "the literature," but struggled to say which literature). To be sure, there were a number of exemplary practitioners who far exceeded the norm in their level of preparation, but they were certainly the exception. Most admitted they might benefit from additional training, but there was a widespread skepticism of any trainer who did not share at least their own level of credentialing or a credential recognized within their field.

This need has begun to spawn a few notable training designs. One of the promising in-service training programs we encountered was the new Touchpoints professional training developed by T. Berry Brazelton and his colleagues at the Brazelton center in Boston. Designed to teach health care professionals how to apply the Touch-points approach along with a strong emphasis on practitioner-to-parent relationship building, the program is now being piloted with pediatric nurses in Boston. A controlled rollout of the pilot phase is expected in 1996, with the final training program scheduled for promotion in 1997-98. Another program being developed is the one associated with the Commonwealth Fund's parenting initiative, Healthy Steps for Children, that Barry Zuckerman and others are designing. Both of these programs hold promise for reaching credentialed health care professionals and overcoming some of the barriers we have identified above.

Uncredentialed professionals (and most nurses), however, were quite open to training and resources outside their professions. The most common source to which other professionals looked to expand their base of knowledge was doctors (except the nurses—who generally felt they knew much more about parenting than doctors did anyway).

National models

Almost all of the national parenting models have their own training programs. These trainings can last from 4 to more than 45 classroom hours. A few extend their training and apprenticeships to a year or more (e.g., Minnesota's ECFE and Burton White's small program in Boston), but these tend to be more "pre-service" programs than in-service. For the credentialed practitioner these programs are not as popular, although we note the Nurturing Program is particularly popular with therapists and social workers (this may be because the Nurturing certification lends itself well to those in private practice). But programs like PAT, HIPPY, MELD and others are either designed for or marketed to paraprofessionals/volunteers and practicing non-credentialed professionals.

Other models and curricula

We have noted above that there are probably in excess of 350 curricula in the parenting field (for good lists and initial reviews we recommend the ParentLink directories and the *Directory of Parenting Education Curricula* from the Massachusetts Children's Trust Fund, 1994; also note that Wheelock College has begun to catalogue curricula under the direction of Raina Smith). Most of these curricula have no training component. A common reason for this seems to be that the curriculum was designed by an individual or a small group, and published and marketed without the staff to provide technical support.

Two other groups that have invested a great deal of effort in training of practitioners are Parents, Inc. (C. Harvey, D. Wagenhals) and the Parents Leadership Institute (P. Wipfler). We are also impressed by the training program being developed by the Massachusetts Society for the Prevention of Cruelty to Children.

PRE-SERVICE TRAINING

Here is where the youth of the parenting and family support field is highly visible. Unlike other disciplines or professions that have established courses of study and specializations, reflected in departments and courses of study in a variety of academic institutions, parenting curriculum is just getting started.

Colleges and Universities

There are only four academic institutions that currently offer pre-service training for credit in parenting education and family support:

- Wheelock College, Massachusetts
- Nova University, Florida
- Bank Street College, New York
- University of Chicago, School of Social Service Administration, Illinois

Of these, Wheelock is probably the farthest along. They have had a master's degree program for nearly eight years and in the fall of '95 launched a certificate program as well. Some complain that Wheelock is too mired in early-childhood education, but such criticisms are small in comparison to the value of the program. Nova's program is well-known for its distance-learning design that requires minimal time on campus. Bank Street's modest program, under the direction of T. Porter is part of their School of Continuing Education, and the Chicago program, under the leadership of D. Norton and B. Weissbourd, is still in its early years but their leadership is highly respected and many look to them to set the pace for the family support movement.

Additionally, in Minnesota, as a part of the ECFE program, there are over a dozen colleges and universities that participate in a parenting education certification program. This certificate is predicated upon completion of all the necessary requirements for regular teacher certification in that state. We eagerly await the impact that other state programs (e.g., those in New York, Connecticut, Kentucky, Washington and Iowa) will have on their graduate and undergraduate schools.

A few other colleges and universities are offering individual courses, the most common of which is a general survey of family support principles and practices. There seems to be a growing interest in these programs (Cambridge College in Boston is launching a parenting education course of study in 1996), but they are significantly underfunded and, as a result, remain dependent upon the development of the field itself. One graduate school dean said to us, "The day the state passes a law requiring the certification of parenting educators you can be sure we will have a program ready to go immediately thereafter. If there are jobs we will develop the training courses, not the other way around." This is, of course, understandable, but it certainly handicaps the development of a sound and viable training curriculum.

These academic-based programs will play an increasingly important role in the field, we believe. Academic credit brings with it many things that the field desperately needs: accountability, standards, recognition and discipline. It can also have the added benefit of encouraging the "cycle" of investment in the field: the more students, the more classes, the more professors, the more dialogue and research, the greater the depth of the field, the greater the impact on families, the more professionals are required.

We want to mention that there are some interesting collaborations taking place between some of these degree-granting institutions and front-line parenting programs: Wheelock and Families First; Bank Street and Parents, Inc.; and University of Chicago and Family Focus.

National Models

The use of national parenting models for pre-service training is commonly limited to paraprofessionals and volunteers, but many professionals are now beginning to take these courses. The contribution of these models to the advancement and growing respect for parenting education has been enormous. We are eager to compliment them on the work they have done over the last decade in raising the quality of service to families and breaking new ground much of the way. Now that these programs are much more visible and the levels of accountability are rising, some of their flaws are beginning to show. We note, however, that only those that are willing to submit to high caliber critical review are going to have a chance of changing the system of child and family care in this country.

There is not room in this report, unfortunately, for a comprehensive review of these training programs. The work of H. Weiss and her colleagues at the Harvard Family Research Project are charting important ground in this regard. We believe their work, and others like it, should be expanded. Toni Porter's report "Walking The Talk," while not exhaustive, does provide a step in the right direction.

CONTENT

What do these training programs teach? We have already noted the consistency of their content, almost all beginning with a solid foundation in child development. A growing number of training programs are now also including an emphasis on practices and methods in their curricula. It is in the latter category that we saw greater variations in the programs, although here too we seem to be on the verge of a degree of consensus (certainly within the realm of family support). There is also an emerging concern, not new to the more traditional professions, over the level of training necessary for the intensity of service offered—how much does one need in order to be effective?

Programs that do training are usually focused on a particular population and train to meet the needs or address the desired outcomes for that group. Thus, it would be common to encounter a training program for work with families with children aged 0-3 or a program to train home visitors in a child abuse prevention design. Once the target group is established, appropriate portions of generally accepted material are emphasized or omitted in the training. Few programs train for work with families with children 0-18. Most target or specialize, especially those that are of higher intensity or of clinical orientation.

The content itself parallels what is offered to parents (*see Chapter* 6). These subjects most commonly include child development, effective discipline, limit setting, self-esteem, maternal and child health, communication skills, adult/parent development, family systems, balancing work and family, transitions, conflict resolution, parent involvement, advocacy and empowerment. The most common topic in parenting programs is that of understanding what is developmentally appropriate for a child ("ages and stages"). Significantly fewer, but a growing number, are adding the issues of the ages and stages of adult/parent development.

The methods and practices of parenting education are inconsistently taught. Traditional programs have employed rather straightforward didactic methods with occasional interactive tools, like role-playing or small group discussions. A few used videotapes as discussion starters (or for self-instruction—a favorite tool for the health care industry). These traditional methods are in widespread use; indeed, they are the most common way in which a parent is likely to experience parenting education. This didactic method regularly positions the parenting educator as the "expert," a role often assumed by physicians, teachers and mental health professionals. It was also true that the more insecure the parenting educator was the more he or she tended to "lecture" parents. What backlash exists in the U.S. regarding parenting education has usually been generated by these practices.

It is important to note here that many parents, on their feedback and evaluation forms, report positive experiences in these groups. The reason for this is often a charismatic, humorous or accomplished presenter. In some cases there are authors and other parenting "stars" who have developed a sizable following and have sought to replicate this through the use of "disciples" who enjoy greater or lesser degrees of success using the same methods in their interactions with parents. Unfortunately, there is little evidence that these approaches are effective in changing parenting behaviors and even less in preparing good practitioners.

The Impact of Family Support Principles

Within the realm of family support there is a major emphasis on process and practice that demonstrates a greater valuing of how one approaches parents, particularly the impact of one's attitudes and beliefs about families. Weiss and Halpern (1991), Weissbourd and Kagan (1989), and Dunst (1994) have all advanced lists of what they see as central family support practices. The Cooperative Extension Service, under the coordination of Charles Smith at Kansas State University, produced a national consensus "Model for Parenting Education" that involved input from a large number of Extension leaders. It is a solid contribution that should be widely reviewed. More recently the Family Development Credential (FDC) program in New York state (building upon the Iowa program) has attempted to enumerate what they see as the 10 key competencies practitioners need to have. We await the long-promised "best practices" document from the Family Resource Coalition, but there already exists a remarkable agreement among this group and, not surprisingly, these key practices are appearing in more and more training programs.

The New York FDC working list (C. Dean, 1994) is illustrative:

- An understanding of the empowerment and family support approach
- Communication
- Mutual respect
- Ongoing assessment
- Home visitation
- Community building (including group leadership)
- Multicultural competency
- Referral to specialized services
- Collaboration and partnerships
- Practitioner self-empowerment

The central themes in this and other lists focus on changing the relationship between the family worker and the family, moving to a strengths - and asset-based approach, and being far more flexible and responsive to family needs. There is a desire to model the principles at every level of training: What one does with parents is what one does with practitioners. It promotes greater levels of responsiveness and an integration of formal and informal support.

Underlying this approach is a solid belief in the assets each adult, parent and family brings to the learning process. Therefore "teachers" must respect and value what each "student" brings to the learning process. Practitioners of this approach must be willing to let the learner shape his or her own education. That is why so many of the trainers within the family support movement talk about a "shared learning" process.

With the evolution of parenting education within the realm of family support we observed a maturing of the content of many programs from a tight model-based design to a core competency design. We anticipate that within a short period this competency approach will become the standard for the field. Well-crafted and -tested models may be needed for some time to come, but given the regular adaptations and modifications necessary in this work it is inevitable that training will shift more and more toward a set of core competencies and skills that every practitioner needs to master in order to be effective.

CERTIFICATION AND STANDARDS

While there is significant movement toward a fixed standard for the certification of practitioners, there is not universal support for such a move. The concern centers around tension between concerns for quality assurance and [illegible] which fixed standards are antithetical to family support principles (which stress flexibility, empowerment and community-based, family-centered responsiveness). There is also a fear [illegible] without a multitiered system of standards many practitioners would be left out. Finally, certification is driven by a desire for greater professionalism in the field, to assure a high quality of service to families, and yet this very effort is seen by some as being a move to establish a new set of "experts."

Some of the state programs we mentioned earlier in this chapter have pressed ahead, nonetheless, seeing the credentialing as a means to reorient state services for children and families and to prepare a new generation of workers. One of the fears often expressed was that, given the rapid growth of the field, "If we don't set our own standards, someone—someone who doesn't like us—will set them for us." This concern sets out clearly the dichotomy between voluntary and mandatory accreditation mechanisms.

Many of the fields allied with parenting education have existing voluntary programs: the American Psychological Association, the Joint Commission on the Accreditation of HealthCare Organizations and the National Association for the Education of Young Children. These programs were designed for quality enhancement and thus are not universal, but they can have a dramatic impact on accepted standards. Another valuable resource for this debate is the work of the Council on Accreditation of Services for Families and Children, Inc.

INTERDISCIPLINARY TRAINING

One of the great needs of the parenting field is the development of a means by which we can train across disciplines. Because parenting education is developed from information and skills from different disciplines, there is a genuine need to find a "Rosetta stone" to bring them together. In part this is an issue of respect and validation of what each one "brings to the table" for parents. Even more it is an issue of the language, authority and approaches that each has developed within its own professional culture. Rarely did we see programs, let alone training designs, that had effectively overcome these barriers.

An exception may be a dialogue that Sid Gardner and others have initiated at Cal State-Fullerton with funding from the Danforth, Stuart and Annie Casey Foundations. In the spring of 1995, they hosted a conference on Interprofessional Education and Training, which advanced the dialogue in important ways. As part of this invitational conference they were able to draw attention to one of the truly interdisciplinary programs in the country: the Pediatric and Family Medical Center in downtown Los Angeles. There are also promising signs coming from Detroit, Washington and Boston, but we do not have space to review them here.

SUPERVISION

Elsewhere in this report we have alluded to the needs surrounding supervision of parenting educators (see Chapter 5, "Descriptive Categories for Parenting Programs"). A commitment to quality supervision (or mentorship) is usually indicative of a commitment to quality throughout a program. In the relationship between the front-line worker and the supervisor an attitude about one's work is established, and in its best form it is a relationship for *continual learning*. For some of the professions involved in parenting education, this activity is an accepted part of regular practice. But for many others, it is either misunderstood, used inappropriately or, far too often, not at all.

Of the programs reviewed we found that fewer than 10% of them had adequate provisions for supervision of staff (regardless of whether they were professionals, paraprofessionals or volunteers). Generally, the larger the program and the more professional its staff, the greater the levels of supervision that were in existence. However, there were many exceptions. There are a number of large programs, including some well-known national models, that give only superficial attention to this dimension of practice. (There is a general concern about the lack of supervision in the broader universe of work with children and families, so that it should come as no surprise that it is a problem here as well.)

The first critical issue we observed is a widespread absence of reflection on one's work with families. "Reflection is the continuing conceptualization of what one is observing and doing" (Fenichel, 1992).

In program after program we encountered staff members who were nearly overwhelmed with the work that was before them and confessed that there was little time for reflection. Those who supervised these workers longed for such time, but tended to see it as a luxury of better-funded programs. This inability to gain perspective on one's work only served to feed recurrent staff problems of exhaustion, burnout and isolation from one's colleagues. We think that it was as a result of these problems that the supervisors we interviewed often had difficulty articulating the theory and principles upon which their program practices were based.

The second issue we saw regularly falls in the category of collaboration. On the whole we were impressed with the degree to which practitioners and supervisors were willing to and took time to collaborate. The field of parenting enjoys a body of workers who don't want to be alone (although many are) and who are willing to share power. Of course, this wasn't always the case. More traditionally structured programs and those that have large numbers of men on the staff tended to move away from collaboration.

The third issue that emerged was that of a lack of understanding of appropriate boundaries in work with parents. These lines of safety were regularly crossed by parents, who did not benefit from facilitation that protected them in groups, and by practitioners, who did not recognize when they were getting in over their heads. In many cases this was a case of inadequate training, but just as often it was a case of inadequate supervision to enable practitioners to see when boundaries had been crossed.

The fourth major issue that involved supervision we would categorize as quality assurance. Because front-line workers, and their immediate supervisors, are so pragmatic in their work, there are dozens of adjustments made to programs every day. In part this is quite consistent with a family support commitment to flexibility and responsiveness. Unfortunately, the conceptual framework upon which a program is developed, its theories and approaches, are at stake every time an adjustment is made. Without adequate supervision that framework and the goals of the program are jeopardized.

Practitioners need more emphasis on the critical nature of supervision and reflection in their training, and program managers need more training and support in their roles as supervisors. An excellent presentation on this issue can be found in Emily Fenichel's work *Learning Through Supervision and Mentorship: A Sourcebook* (1992). We think it ought to be required reading for all supervisors and program leaders.

INFRASTRUCTURE

There are in existence a handful of national and regional bodies that provide some support and network for parenting educators, but none created by or for them per se (there is one exception we consider below). As a result these practitioners tend to gather in the body that is most closely associated with their training or profession and look for a home there. Early-childhood educators look to NAEYC. Physicians and clinical health care workers look to Zero to Three. Social workers look to the National Association of Social Workers or the Child Welfare League (and to a degree the Family Resource Coalition). Therapists look to the American Association of Family Therapists or the American Association of Orthopsychiatry. Academics and other researchers look to the National Council on Family Relations. And the list goes on.

Even though this phenomenon of "staying home" is not always true, it is more often true than not. And in each case there are issues of identity and common concern that parenting educators struggle to have recognized. Some practitioners are members of more than one of these organizations and attend two or three conferences (those who can afford to, that is). It is not surprising then that parenting education has begun to appear on the agenda of each of these organizations' national conferences and that parenting materials have a high visibility in their showcase forums.

Most parenting educators, however, have no professional home.

Apart from the needs of standards and certification, about which there is not consensus, practitioners are universally hungry for opportunities to network with their peers. Time and time again, no matter where we went, we encountered repeated pleas for opportunities to meet and interact with other practitioners.

Not surprisingly, in a number of cities and states across the country parenting professional organizations have begun to emerge: Massachusetts, San Francisco and Philadelphia all have formal organizations under way. The Massachusetts group, Parenting and Family Professionals, has already held three statewide conferences (with support from the Children's Trust Fund and Wheelock College) and their most recent gathering (October 1995) drew more than 750 participants—all of whom identified themselves as "parenting educators."

There have been a couple of attempts on the national level to bring together practioners, the most notable of which is probably Dr. Kerby Alvy's National Parenting Instructors Association (NPIA), based at the Center for the Improvement of Child Caring (CICC). NPIA has organized three national conferences, all in the Los Angeles area, and while there is much to celebrate, the results have thus far been modest. Many groups and individuals in the field have been reluctant to validate Alvy's efforts, despite a fairly well-thought-out strategic document. Our reading was that most felt the NPIA was too tightly controlled by Alvy to lend itself to an effective national association for a diverse group of practioners. Indeed, when we interviewed Alvy, he confirmed that NPIA served many internal needs for CICC and that while he was open to "inviting others in," he was reluctant to have the NPIA be anything other than an arm of CICC. In recent months, there have been a number of changes at the NPIA, and they have formed a steering committee which is advising CICC on options for the association's structure and increasing its effectiveness, including the possibility of becoming an independent entity.

In another format there has been a regular gathering of a group loosely known as Ten Friends of the Field over the past two years or so. Initially nothing more than an informal gathering of leaders of nationally replicated models (includes HIPPY, AVANCE, PAT, MELD, PSP, Family Focus, Healthy Families America, Birth to Three, Mother Centers and Family Literacy), the group took on something of a life of its own. Ostensibly it provided a means by which these larger programs could network and support each other as they addressed their own unique problems, but it also became a forum in which critical issues facing the field were discussed and the opinions of these leaders were shaped. With some quiet funding from Ford and Carnegie they continued to meet and began to consider ways in which they might offer more formal leadership. The group suffered a bit from an identity crisis, however, moving back and forth between a networking of nationally replicating models and a bona fide leadership group. There was also some backlash from groups that were not included in the Ten Friends.

In November 1995, there was a gathering in Boston of more than 50 national leaders in the field of parenting education and the Ten Friends were well represented. There were also present a number of leaders who had been to Alvy's NPIA conference and who left feeling that something else was needed. Importantly there were representatives from a fairly diverse group of organizations and the dialogue was centered around the "Future of Parenting Education." Early on the discussion focused on the search for consensus in the areas of theory, content, accessibility and infrastructure. By the end of the meeting four task forces had been created to explore these questions more fully in anticipation of a follow-on meeting to which an ever more diverse group would be invited. The group examining infrastructure agreed that they would explore existing national bodies and the possibility of creating a new body to provide an associational "home" for parenting practitioners. This group is about to publish a national newsletter for parenting professionals and is looking to expand its base.

It is clear that the time has come for significant steps to be taken in the area of training, supervision and practitioner support. Interesting new efforts are being launched and it will be important to nourish them. In particular we see a great need for an ongoing dialogue on critical issues if efforts are to move toward solidifying the consensus that seems to exist.

We believe that the field needs to invest in both pre-service and in-service training, but that, while some focusing will help, it would be inappropriate to narrow the list too much. The field needs to have the continued give-and-take that differing responsible approaches can engender.

The Family Resource Coalition

No discussion of infrastructure can take place without serious consideration of the role of the Family Resource Coalition (FRC). Created in the mid-1980s as a clearinghouse for the family support movement, they saw themselves as having a mission to "pay attention, record and share" information. In fact, FRC's evolution has led it to become more of a leader in the areas of networking and advocacy for this broad field. Currently FRC sees its mission as defined in three areas: supporting practice at the local level, networking all the pieces (a convening role) and "creating a climate" for the integration of family support principles nationally. Today they pride themselves on "setting the agenda" for the family support movement by "taking what local people have learned to do and connecting it at the highest levels."

Initially the FRC was primarily a membership organization. However, they have recently decided to deemphasize membership (and with it a short-lived rush to have state chapters) and, instead, focus on serving a "constituency" of family support programs. One very positive part of the FRC evolution has been a strong commitment to a multicultural mission that they have made real in most levels of their organization. The African American and Latino caucuses have, in a way that not many organizations have done, begun to shape the content and direction of the FRC. There is much work ahead, particularly as the caucuses and the movement toward greater diversity begin to demand changes in the way FRC functions, but FRC deserves credit for these substantive steps.

There is no question that the FRC is now a national "player" that carries influence in statehouses and in Washington, although it resists the role of lobbyist and more traditional advocacy activity. They work closely with Family Service America, the Child Welfare League, NAEYC, the National Conference of State Legislatures, the National Governors Association and the American Public Welfare Association. The FRC sponsors a national conference in Chicago, its home base, every two years. Attendance averages nearly 1,000.

Critics of the FRC generally say the following: They have tried to be all things to all people and ended up somewhat rudderless. It's hard to follow someone who doesn't know where they are going.They appeal mostly to social workers and front-line staff. Professionals usually look to other organizations for networking and support.

In our interviews we asked everyone to name the organizations of which they were members and those to whom they looked for leadership, education or connection. We were surprised how few listed FRC (fewer than 20%). We were even more surprised how few parenting educators were aware of or could describe the work of the FRC. Interestingly, a wide range of parenting leaders (particularly those working from a "for-profit" base), authors, physicians, nurses, educators and therapists, knew little about the FRC. It was also true, as one would expect, that if they did not know much about the FRC they did not know much about family support (and vice versa). What emerged was a picture of a national organization dedicated to advancing family support, which is obviously having an impact in the halls of power, but about which the many practitioners know (or care) little.

We valued the insights that the FRC staff shared with us and believe that their "connecting" function is needed and valuable, and increasingly at the local level. So too, is their work with state and national decision makers, and therefore the information base needed to support them. However, we wonder whether they have the capacity or interest to create the kind of infrastructure practitioners need, especially if it is a focused subset of family support like parenting education. One wonders too, whether parenting programs that are not yet "on board" with family support principles would find a home in the FRC.

Communication for Practitioners

Communication among practitioners is an informal and haphazard exercise. Commonly, parenting educators read many magazines and journals, but nothing exists specifically for them. Among the most common are:

- *Young Children (NAEYC)* - The focus is on early-childhood education.
- *Zero to Three (NCCIP)* - Many professional issues, like training and supervision. Largely clinical readership.
- *Family Resource Coalition Reports (FRC)* - Focuses on dimensions of family support practice.
- *Children's Voice* (CWLA) - Public policy analysis.

A publication service of growing popularity is the Family Information Service (FIS). This group provides practitioners with a bimonthly collection of articles by well-recognized authors and other practitioners. It is well done and, while not exclusively focused on parenting, many of the articles and resources are highly relevant to parenting educators. The articles may not always have the depth of a Zero to Three publication, but they are of good quality.

Examples of other publications with limited circulation includes: The Pineapple Appeal's *Parent Educator Newsletter* and Burton White's *Center for Parent Education Newsletter.* Of course, each of the major programs has its own communication vehicles, but as one would expect, these efforts are focused on sharing internal information. All of these publications combined may not reach more than 5% of the parenting practitioners in the U.S.

QUESTIONS TO CONSIDER

How far are we from the consensus we need?
Not far. A well-organized set of dialogues, perhaps as a follow-on to the FRC "best practices" study and informed by some of the state efforts we have noted, could be undertaken within the next 6 to 12 months. We believe that a set of core competencies and complementary methodologies could be established, even if there was not universal agreement. Once consensus is reached the next question will be how it can be integrated into practice.

What about the existing training programs?
It would make enormous sense to gather established trainers from across the country and engage them in their own dialogue and find ways to move them to the next level of performance. What are the commonalities? Where do the training programs differ and why? What evaluations do we have of the effectiveness of training programs and what new ones are needed?

What is the future of tight model-based parenting programs and their related training efforts? Can the field envision a new design that approaches the material more creatively?

Who will do the training?
Even if agreement is reached on what to teach and how to teach it, we are still some distance from having a corps of trained and recognized trainers who can train parenting educators. Lacking this group of necessary leaders, the field will be handicapped in its efforts to both prepare large numbers of practitioners and to assure a consistently high level of training.

Do we need a national training institute? Should we invite a dozen of the leading trainers to be faculty and let them engage each other and their students in debate?

How can we help the trainers who are already working to do a better job?
A small group of leaders have emerged as trainers. How can we help them get better at what they do? How can we increase awareness of their resources, experiences and skills?

It is hard for many practitioners to make the paradigm shift in the way they relate to families. How do we create the atmosphere for that to happen?

How do we best recruit and prepare a new generation of trainers?
Is there a means by which we can begin to apprentice more trainers, especially among low-income and culturally diverse communities?

How do we begin to move away from models to a "core competency" approach?
Will we always need "models"? They are easier to evaluate and to implement, but the countless adaptations present serious challenges to their original design. They have served an important purpose, but they may not be as helpful in the years to come.

Is it feasible to move to a core competency approach to training? Could such a design stand alone, or will it have to work in concert with other training?

How can we promote pre-service training programs without falsely pumping up college programs that can't sustain themselves in the long run?
We have a handful of academic institutions that are out on the cutting edge. They need to be encouraged to pursue their own visions, but at the same time led to discover how they can collaborate and cooperate. These institutions move slowly and it will take time for change to come.

In the meantime, it may be helpful to find some ways to explore the use of community colleges in the development of a training design. They are institutions that have made a strong commitment to the communities of which they are a part. They are also more accessible to a diverse group of practitioners.

How can we encourage and support emerging efforts to create some kind of infrastructure for parenting educators?
Is there an existing organization of which they can be a part or do they need to create something of their own? If this is to happen, who will lead it and what kind of process will this diverse field trust? What would be the mission of such a body? A professional association?

How would it relate to FRC, Zero to Three, NAEYC, etc.? Would individual practitioners or programs join?

What can be done to encourage communication and dialogue at all levels of practice?

Should there be a series of national dialogues? Should there be a national magazine for practitioners? Is there a reason to have a national conference on parenting education? How might it conflict with or complement other conferences? What model would be most practical and consistent with the principles of the field?

Funding. Where is all the money going to come from to pay for this?

How much of what is envisioned should be supported from private funders? State and federal agencies? From the field itself? If practitioners are required to pay for their own training, how will practitioners of limited means be assured of the best training?

Just because there is a great need for training that does not necessarily mean there is a market for it. If they must pay for it, what will be their motivation? If a school is to invest in it, why will it do so?

Is it realistic to talk about a universal credential or standard for practice?

To what degree is a credential or fixed standard antithetical to the principles the field is so eager to advance? And yet, without some standard isn't there a risk of "bad" practices that will create a backlash on the field? Or worse, threaten families?

How do we nurture the nurturers?

In a field so committed to nurturance, we have not done a good job of supporting and nurturing the practitioners, from the front-line worker to the program directors. How can we value them more, appreciate and reward them for their work?

There is a clear need for opportunities for retreat and reflection. There is also a significant need for recognition. Ought there to be some "scholarships" for exemplary workers? Ought there to be a national award program?

How can we create a training and support system that practitioners will believe is relevant to their work with families every day?

How do we cross disciplines and work with others who see things differently?

How can we create a more supportive atmosphere to shape a truly interdisciplinary approach to parenting education.

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Chapter 8

EVALUATION, RESEARCH AND ACCOUN

Do these programs work? How do we know what we know? Or, more helpfully: "What programs work best for whom, when and for how long, and why are they effective?" (FIS, 1991).

Few issues present a greater challenge to parenting education and family support than those surrounding evaluation and accountability. There may be thousands of programs nationwide and in many of them important things seem to be happening. We think some of the longer-term parenting programs that are part of a set of comprehensive services may be, in part, responsible for these encouraging results. But, except for a few pilot programs and focused research on individual dimensions of parenting, we haven't provided the conclusive evidence. Nowhere is the "adolescence" of this field more apparent than here: the maturity, clarity and confidence that comes with measured accomplishment and proven effectiveness is still ahead of us.

We identified three traditional types of evaluation at work in the programs we examined: process, outcome and economic. Process evaluation examines the type and amount of services provided. Outcome evaluation monitors the impact of the services provided, determining what changes occurred and how important they were. An economic evaluation measures cost-effectiveness, what is being accomplished for a fixed amount of money and/or what costs are saved by this activity. While parenting education is weak on all three, the field is progressively weaker moving from process to outcome to economic evaluation.

As interest in parenting education and family support has exploded in recent years, there has been increasing demand for evidence of the impact these programs are having. But the levels of enthusiasm and expectation are well ahead of both the rigor of the review and the quality evidence we have produced so far, certainly by traditional measurements. The country is so hungry for success that the risk of claiming too much is ever-present. While well within our reach, we have not fully documented our activity (process). We have struggled to show the direct link from changes in parents' knowledge and skills to their changed behavior with their children, and from that to more positive outcomes for the children (outcomes). And we have little evidence on the cost/benefit of our work with families (economic), which could have dramatic impact on the rapid evolution of health care in the U.S. In other words, parenting education is long on promise and, so far, short on proof.

This is not to say that the evidence we have says parenting education is ineffective. On the contrary, it seems to be quite effective. What we lack is the mass of evidence that confirms what these limited studies indicate. And, few believe that this is an empty exercise. On the contrary, there is unanimous feeling that we are on to something and that we must be far more serious about proving it.

One reason for this paucity of evidence may be found in the lack of financial support for, understanding of and commitment to evaluation in this young field. However, the more likely cause may be that we are not measuring a "model" as much as we are examining an approach, and that traditional means of evaluation are, as Heather Weiss has suggested, "insufficient and often inappropriate" for this new approach. Increasingly, we have seen a rise in calls for new forms of evaluation, commonly as program leaders complain that these traditional methods "don't measure what we do."

In this chapter we want to examine some of the issues facing us in the area of evaluation and point to a few areas of potential progress.

CURRENT STATE OF AFFAIRS

The research foundation for parenting education has developed through the years on a handful of key studies. Of these the Perry Pre-School Project (High Scope), the Yale Child Welfare Research Project and the Brookline Early Education Program stand out as those most often used as benchmarks in the field. Additionally, a number of national models have attempted, with varying degrees of success, to document their effectiveness. Among them are Parents As Teachers (the Missouri model created by Burton White as an application of the Brookline insights), Avance, Parent Effectiveness Training (PET; Thomas Gordon), Nurturing Programs (S. Bavoleck), HIPPY (originated in Israel, now in U.S.), MELD, Hawaii's Healthy Start, some of Kerby Alvy's programs at CICC, and others. Each of these has evaluation evidence that has contributed in some way to the valuing of parenting education as a critical family support activity. It is a good base.

We would make special note of four additional efforts: Minnesota's Early Childhood Family Education (ECFE) evaluation by Betty Cook (1991); the Maternal Infant Health Outreach Worker Project (MIHOW), B. Clinton; the Kentucky Education Reform Act (KERA) with the work of Illback (1993); and the Comprehensive Child Development Program (CCDP) study being conducted by Abt Associates (under Head Start, ACYF, 1989; also see Hubbell, 1992). In each case, newer, more complex contextual designs for evaluation have been used. These programs and others (like the Missouri PAT) are giving the field its first chance to see the effects of widespread replications, and the early evidence is promising.

There have been hundreds of individual research projects on the dynamics of healthy parenting. This literature continues to grow, particularly in specialized areas of concern like child abuse and neglect, fathering, infant mortality, etc. Some programs, like Family Service America's Families Together with Schools (FAST), are making a conscious effort to apply many of these research projects to a comprehensive curriculum or design. In other cases, individuals and agencies have built activities and interventions around specific insights (e.g., the evidence that one of the key predictors of child abuse is the isolation of the mother has been used to ground many group-based prevention programs). What this research has shown us is that there is solid evidence on the critical role parents play in raising healthy children and that well-designed, controlled programs can have positive impacts on parenting outcomes. Evaluation research also suggests that for those programs committed to a family support approach "comprehensive and continuous family-oriented programs produce more enduring and sustainable gains" (Weiss, 1995, 1993; Olds, 1993; Ramey and Ramey, 1993).

This foundation, for whatever its inadequacies, is worthy of a cautious enthusiasm, and it holds genuine promise for the future. But unless those inadequacies are defined, understood and addressed, the promise may ebb as quickly as it has flowed.

QUALIFICATIONS AND CONCERNS

Definitions

While a great deal more might be said from the evidence of these studies and the evolution of the models they have generated, a number of qualifications must be enumerated. The first concern is definitional, for both parenting education and family support. While we have tried to offer our own definitions for purposes of this report, the field is still without commonly agreed upon definitions. Thus evaluators must wade through some confusion in regard to what practices are being used to advance which approaches and to what ends. Of the two terms, "parenting education" represents a more narrow range of activity, but even here there are dozens of activities employed under this name. When parenting education is seen as a family support strategy, it is but one (albeit a significant one) of a larger array of services and therefore even more difficult to distinguish for purposes of evaluation.

Scope

As to the existing studies we note that, in many cases, the evidence was drawn from a single, well-regulated site. Few used experimental designs with control groups nor did they attempt to control the range of statistical variables and external factors. And often the connection between parent behavior change to positive child outcomes has been inferred, rather than proven. Finally, the number of these studies that have followed their cohorts longitudinally is very small. In sum, what evidence we do have is not overwhelming, it is merely promising. Doug Powell (1994) has observed that the "development and expansion of family support programs have far outpaced the availability of research information or program implementation and effectiveness [illegible] case parenting education and family suppo[illegible] the same leaky boat.

Feedback

Within parenting programs themselves there are additional problems. The first [illegible] lack of interest in or apprec[illegible] [illegible]n and research, other than that of the most basic kind—feedback. Almost all the programs we reviewed had some form of feedback or simple evaluation system that asked parents for a response to the program or workshop they experienced, immediately upon its completion. Unfortunately, this feedback was often sought in such a way that genuine concerns or criticisms were stifled. Only about half of the programs used these feedback forms for substantive reflection on individual and program performance.

Funding

A larger problem is that many organizations do not have the resources to support serious evaluation and when funds are available programs usually do the minimum necessary to please funders. Funders themselves vary in the degree to which they require rigorous evaluation, and generally we found that the smaller the funder the more lax the reporting and evaluation requirements (which isn't all bad; it gives smaller community and family foundations far greater ability to be flexible and take risks). Some funders limit the number of dollars they will allow to be spent on evaluation, and few, if any, work with their grantees to understand the value and resource of evaluation (how grant proposals are framed to address realistic evaluation goals, outcomes expected/needed, available tools, etc.).

Generally we found that programs with budgets under $500,000 paid cursory attention to evaluation; those in the $500,000–$1 million category were very interested, but often struggled to understand its place in their larger scheme; and those with budgets over $1 million were taking evaluation quite seriously. But here again the latter perspective was that rigorous evaluation was a critical element in their ability to secure larger contracts and six-figure grants. Few, if any, expressed enthusiasm about their research and evaluation efforts (apart from when they were in a marketing mode). Most saw it as a necessary burden of the "funding game."

Planning

[illegible]n, evaluation efforts are not planned far in [illegible] and it was not unusual to hear of its delay un[illegible] [illegible]ect was well under way—or concluded! Some [illegible] expressed concern about this and voiced a [illegible] to assist programs that approach them late [illegible] cess. Then too, many groups were hard pressed to frame their work in terms that lend themselves to effective evaluation. Short, pithy statements of why the program (or a specific project or defined intervention) does what it does, the outcomes it seeks to effect and the activities it is undertaking to accomplish them are a rarity. Thus, planning documents that articulate what one seeks to achieve and why it is important are "coins without much currency" in this field.

Awareness

Awareness of and a willingness to use evaluation tools and data is relatively low, although growing slowly. For those programs that do have a serious evaluation of their work completed, the results are often "shelved" and saved for funders, potential contractors or other reviewers. Rarely (less than 5% of programs we reviewed) did we see ongoing use of this information. Then too, while there is not a great deal of quality outcome data available, practitioners are remarkably unaware of what evidence does exist. Higher awareness levels of evaluation studies could go a long way toward strengthening programs, but programs are either reluctant to share or do not embrace it as a priority.

Anecdotal Evidence vs. "Hard" Outcome Evidence

For the vast majority in this field anecdotal evidence is the way in which they talk about their effectiveness. Repeatedly, there are testimonies from parents who insist that this or that parenting program "changed their lives" or "saved" their children. A few organizations have gone to great lengths to capture these testimonies in writing and on tape. And, despite repeated discounting by evaluators, these anecdotes continue to be used. This led us to become more aware than we had been of how important this form of validation is to individual parents. A personal recommendation is immeasurably more important than any dry presentation of data. Thus anecdotal evidence is a key factor in enrollment, a point deserving further review.

This issue of anecdotal or "soft" evidence begs the question of whether or not evaluators can move closer to the personal side of parenting education and more subjective evaluations. How reliable is this information? How does one distinguish between the program content or design and, for instance, the personal charisma of the group leader? It seems to us that there is more of a place for this information as a respected part of every program's documentation, even if it can't be used conclusively. Issues of "trust," "safety" and "empathy" are legitimate factors in reaching and measuring success.

On the other hand, the larger programs that are attempting to make a bigger "sale" (say, a city or state government contract) or that are facing more elaborate forms of review and accountability have had to produce "hard" evidence. In these cases, far greater attention is paid to issues of quality assurance during replication and the need to develop "second-generation" evidence. These groups have a long way to go, but one can more clearly sense the shift from the "minor" to the "major" leagues in their attention to this question. Here again we found more interest in one's own evidence than that being established by the field as a whole, but the accountability factor has certainly deepened, and occasionally broadened, their sophistication.

Most researchers we interviewed indicated that the field must have greater quantity and quality of outcome evidence. All agreed that there are few reliable studies on economic consequences of parenting programs. These two kinds of evaluations hold the key to "going to scale" and the often-expressed dream of universal parenting education. "The more solid and long-term evidence we have, the bigger the steps we can take," said one researcher.

Too Few Researchers

A correlate of this problem is the fact that the field has so few dedicated researchers and evaluators, especially in an area so tightly defined as parenting. Those who have examined the issues and programs surrounding the strengthening of children and families, most of which include parenting, is not large. The list of Heather Weiss, David Olds, Carl Dunst, Doug Powell, Sharon Kagan, Ellen Galinsky, Christiann Dean, Mon Cochran, Steven Bavolek, David Weikart, Jerome Kagan, and Betty Cook along with Trivette, Halpern, Weissbourd, Clinton, Gardner, Garbarino, and others is relatively short. Even if one considers those from other disciplines or areas of specialization (say, parent involvement in education: see Henderson and Burla, Comer, Epstein, etc.) the number of practitioners who have something substantive to say about parenting education is smaller than most other disciplines. And of these only about half enjoy full-time work as researchers. The world of professional evaluators brings "outside objectivity" but they are often removed from the evaluation dialogue and bring little else that can enable the field to grow. It is little wonder, then, that the field has run ragged the few evaluators we have and limited their accessibility. And, should the time and money appear, the available outlets for their dialogue are few (an interesting exception may be the HandsNet, an interactive forum funded by the Annie E. Casey, Ford and Charles Stewart Mott Foundations that is focused on child and family practitioners and policy makers).

There are a few places—like the Harvard Family Research Project, the Center for the Future of Children, the Work and Family Institute, Zero to Three, the Bush Center, the Erikson Institute, Pacific Oaks and the Cornell Empowering Families Project —where the field has been given a chance to have a concentrated group of individuals who are dedicated to posing the critical questions and helping to find the answers. The Center for the Future of Children, an arm of the Packard Foundation in California, has provided the field with a first-class series of publications on critical issues like home visitation and school-linked services. Heather Weiss and her colleagues at the Harvard Family Research Project have also made important contributions through a number of publications and, we note particularly, *The Evaluation Exchange*, a newsletter that seeks to promote strategies in evaluating child and family services (a publication that should have wider circulation). We also want to acknowledge the role of the Family Resource Coalition, Zero to Three, NAEYC, and the National Council on Family Relations in providing forums for debate and dialogue in their publications.

CRITICAL ISSUES

Measuring the Unmeasurable

There is probably no greater evaluation issue than this: as the field moves to a family support orientation (preventive or promotional, comprehensive, [illegible] family centered and community based) [illegible] harder it is to measure outcomes. [illegible] we emphasize "context" or "ecology" the less we can determine which activity caused change. It is hard to prove that something didn't happen (prevention) or, even more difficult, to measure the degree to which one's skills and competencies are strengthened. How does one measure the growth of self-esteem or empowerment? Traditional evaluation tools are insufficient, having been developed to meet more experimental criteria within a "deficit" framework.

What Changes a Parent?

As we shift the emphasis from child-focused outcomes to parent-focused and family-focused outcomes the picture is further clouded and our experience base weaker. We have more than one person impacting the child, indeed an entire family environment. Each parent or caregiver brings with them an emotional inheritance and a reference base of experience that profoundly shapes their approach to raising a child. The only school of parenting they attended was that model their own parents gave them. What then enables this parent to change his or her belief system and behavior (or, as has been suggested—overcome "ghosts in the nursery")? The work of Olds (1988) has been very helpful in opening up these issues, but we are far from having answered the question.

Reflection

The rapid growth of the field coupled with the highly pragmatic orientation of practitioners has allowed little time for reflection upon one's work and the direction of programming. Other than the primary level of feedback, parenting education, as it is practiced today, is largely without effective systems for reflection and evaluation on the day-to-day functioning of programs. The nature of programming with parents is changing to the degree that a one-time end-of-project reflection is no longer acceptable. Programs must find ways to build in continuous feedback to practitioners, designers and other stakeholders.

Going to Scale

As the need for parenting programs increases, in large part because of the sea change in public opinion about the importance of the family support approach, the demand for programs that are capable of "going to scale" increases. On the one hand there must be adequate research and evaluation done for any program that aspires to be adopted by a city, state or federal agency. On the other hand, once that opportunity is provided, the demands for accountability and review will be even greater. The number of stakeholders grows and the dynamics of "success" and "failure" become a volatile high-risk game. Without adequate attention to the instruments and processes by which these evaluations will take place, the entire exercise can be put into jeopardy. Equally, attention must be paid to the development of appropriate instruments to measure systems change versus individual changes.

Replication and Quality Assurance

Another dimension of going to scale is the problem surrounding replication. A particular model or design may have proven its effectiveness in a tightly controlled and monitored pilot, but those conditions are rarely duplicated as the program expands. We also know that in almost every case practitioners make adaptations to meet individual circumstances, thus the program being offered is not as originally designed.

For those program models that have been successfully integrated into a larger city or state system the concern arises as to whether the system itself will compromise and alter the program to such an extent that it cannot survive to service the goals for which it was designed. This "watering down" is a concern expressed by many in the field (Dunst, 1994; Kagan and Shelly, 1987) as a probable cause for the field failing to deliver on its promise.

Cost

Serious evaluations cost a great deal of money. Often much more than programs are willing to invest—especially as dollars to support programming become more scarce. Foundations have, for a variety of reasons, been willing (every now and then) to support a full-scale evaluation, which can open the door to "playing in the big time" for those programs so blessed. However, there does not seem to be a great correlation between the "best" or "most promising" programs and those that are fully funded. In fact, the anointing of a program by a foundation seems to be the direct route to perceived greatness (i.e., the funding makes it good, not the other way around).

Another dimension of the problem of funding is that because so many programs view serious evaluation as cost prohibitive, they opt out and do none at all. Given their priorities (and lack of understanding of its importance), evaluation is valued near the bottom of those things that merit investment. There is no apparent middle ground.

Leadership

One interesting dynamic we found was that the role of the executive director, program management and the board of directors in valuing evaluation and research was critical. If they were not convinced of its relevance to their strength and continued development, it did not happen in that organization (or, if it did, it was largely irrelevant to the life of the organization). We observed only 6 or 7 organizations that had full- or part-time positions that were concerned with these issues and only 20 or 30 that fully understood its importance. For the rest, there was only a vague understanding of the role of evaluation. If the leadership wasn't convinced, it was likely that there was not even a budget line for the activity.

The need to educate program leadership on the importance of evaluation is great.

Isolation

As we mentioned above too many programs and evaluators work in isolation. Program after program reinvents the wheel because quality work is not being adequately disseminated or synthesized. There is no small irony to the fact that we are spending huge sums on evaluation studies that go largely unread. This failure is particularly poignant at a time when so many communities and agencies are investing a great deal in the development of parenting and family support programs. It also points to the ongoing isolation of practitioners from the very information that could enable them to strengthen their work with families.

Stretching

Although it is not a common occurrence, there have been instances brought to our attention of extravagant claims being made from modest evaluation results. There are also, apparently, some programs whose evidence in one area of work is being used to make a case in another area; a line of reasoning that suggests that if a program has been "evaluated" it is valid for use in a variety of settings. The cause for this "stretching" may be nothing more than overeager disciples of a particular model. Then again these may be attempts to land a particular grant or contract in a related area (e.g., evidence of a program's ability to increase educational outcomes or prevent child abuse being used to make the case for teen pregnancy or violence prevention).

WHAT'S NEEDED

Foster New Approaches to Evaluation

We must acknowledge and nurture new approaches to evaluation that take into consideration the broader and more complex dynamics of an ecological approach to families. Among the features of this new approach will have to be greater stakeholder participation and a closer relationship between the evaluator and the evaluated. An important example of this can be seen in the work of Michael Patton and his developmental approach to evaluation (*Evaluation Practice*, October 1994). Patton advocates for a change in the role of the evaluator to one of "facilitator." Another important step forward was that supplied by Jacobs (1988) with a five-tiered approach to evaluation for community-based programs that not only aides in assessment but contributes to strengthening programs.

Data Collection

Many programs—indeed, most—could accomplish 75% of what is needed if they would approach the collection of data in a more thorough and continuous way. Merely documenting the who, what, where, when and how often of a program's activity would be a dramatic step forward. Staff need to appreciate this more and invest more energy into it, because it can begin to provide a level of documentation that is critical to a program's quality evolution. Are you reaching the people you intended? Who comes? Who doesn't? Is involvement sustained? It would be even better if the larger programs developed MIS data processing so that numbers could be regularly collected and fed back to program managers. And, importantly, all this could be done at a fraction of the costs of a full- scale evaluation.

Learning Organizations (Weiss, 1995)

The new approaches will require a whole new relationship among the participants, the evaluators, the parents and the communities. Each [illegible]ation will need to make a comm[illegible] to [illegible] learning and train people at every level [illegible] part, all the while appreciating the in[illegible] stakeholders. Evaluation itself will have to be "demystified." The advent of evaluation teams and regular internal/external dialogue is necessary.

Congruent Parallel Processes

Family support-based parenting programs profess a strong commitment to empowerment. Yet nowhere is the traditional hierarchical atmosphere strongest than when the "expert" evaluator arrives to "judge" the program and pronounce it worthwhile. Evaluation designs must begin to find new and better ways to involve and appreciate the role of others in shaping the evaluation. This includes a willingness to have the evaluation fit the values of the program it seeks to assess. Of course, this and other issues we have raised immediately challenge one of the fundamental tenets of evaluation and research, namely its objectivity. This issue will need to be addressed head-on if progress is to be made.

We found Weiss and Greene's "Preliminary Framework for Participatory/ Normative Evaluation Approaches" a helpful tool in this regard (Weiss and Greene, "An Empowerment Partnership for Family Support and Education Programs and Evaluations," *Family Science Review*, Vol. 5, Nos.1 and 2, Feb/May 1992). The authors describe this framework as a "ladder with five rungs"—starting with the least powerful at the bottom and moving upward in the direction of greater stakeholder involvement. Each rung requires more power sharing by the evaluator.

Dialogue and Networking

It is imperative that the evaluators, program designers and front-line practitioners engage in regular, quality dialogue on their work and its effectiveness. More mechanisms must be designed and funded to enable these dialogues to take place. Those that exist must be supported and expanded.

While we would affirm the need for greater dialogue over the phone, in print and now, electronically, there is nothing to substitute for the quality of [illegible]-person interaction. This is as true for the front-line worker as it is for the supervisor, the evaluators and the program directors. In fact, the relative isolation of each of these people from their peers is a serious issue. It must be remembered that most programs are poorly funded and that practitioners are very busy. Reading time, to say nothing of E-mail [illegible]ortunity and time, goes down as funding goes [illegible]—and, sadly, as the economic level of the parents goes down. Thus, the folks who have the most at stake and the potential for the most critical results are far too often the ones with the fewest resources to make it happen. (See the discussion on "Communication for Practitioners" in Chapter 7.)

Advocacy

The more successful we are in evaluating programs, the greater the obligation to promote those findings and build a constituency for effective programs. This isn't always easy to do. We have generally approached this field saying that we want "a thousand flowers to bloom." But we have now reached a point where this is not a viable option, especially if we seek to change the way that children and families are cared for in the U.S. Solid programs with effective outcomes demonstrated over time must be advanced. This means that some programs will flourish and others will wither. We believe that this is a necessary step on the road to a mature field.

Chapter 9

FUNDING FOR PARENTING EDUCATION AND FAMILY

PUBLIC FUNDING

Trying to determine the amount of money the federal, state and local governments spend on parenting education and family support is a complex process, and accuracy is elusive. There are many government departments that have made commitments to children and families, but few, if any, of the programs have line items for parenting education. Family support programs, as we have discussed, encompass a full range of services and integrated into most of these is a parenting education component. Therefore, this examination can only be an overview of programs and funding streams we have found that support parenting programs.

The other factor that makes this analysis difficult is the near chaotic atmosphere in Washington and in many state capitals regarding cuts in funding for programs that serve children and families. Funding streams that were developed over years of advocacy and believed to be secure are now seen as being in jeopardy (e.g., Head Start). Other programs that were enacted into law and funded, are now being cut or rescinded (e.g., Goals 2000). The debate is in full swing and it is unclear how far the pendulum will swing.

Ironically, these cuts come at a time when many government departments are finally embracing the family support principles and the importance of parenting. We were impressed by the degree to which the senior leadership in many government departments understand and are committed to advancing work with parents. In particular, we note the solid approach being promoted in the Administration for Children, Youth and Families (HHS) as well as many bureaus within the Departments of Justice and Agriculture. It is significant that there is an inter-departmental subcommittee on parenting education. To be sure, this "enlightenment" is not universal, but it is strong enough and broad enough to support the belief that genuine change is taking place.

The bottom line is this: There is expanding interest in the subject, but fewer public dollars, leading to increased demand and competition for private dollars. Only through continued success (measured by solid outcomes) can this be reversed, and, at that, more likely at the state level.

At the Federal Level

Prior to the enactment of the Budget Reconciliation Act of 1993, child welfare programs under the Social Security Act offered little in the way of family preservation and support. Instead, most programs were focused on families in crisis. This intervention model has been for many years the "mainland" thinking in child welfare and is still today one of the dominant paradigms. Since 1993, however, there has been significant movement toward child welfare policy that focuses on the family as a unit rather than on the child alone as the individual in need. It has been recognized that programs cannot serve children without providing services for their families and that in order for families to provide for, nurture and educate their children effectively, they need comprehensive support coming from within their communities—support that is often unavailable from their own family units.

The Department of Health and Human Services has historically been the federal office that funds the majority of programs for children and families. One of the major programs that most reflects this shift from intervention to prevention is the Family Preservation and Support Program, authorized by the Social Security Act and enacted in the 103rd Congress. This program has an estimated federal cost of $1 billion over five years. Designed with a prevention strategy, the program provides states with funds for services to "avoid foster care for children and to preserve and strengthen families." It is a "capped" entitlement to states with funding at the following ceiling levels:

FY 1994: $60 million
FY 1995: $150 million
FY 1996: $225 million
FY 1997: $240 [illegible]
FY 1998: $255 [illegible] 1997
level [illegible],
whichever is greater)

We are eager to mention this program, as we found it to be having a great impact at the state level. The funding for the first year supported the development of a comprehensive plan from each state. This planning process forced many states to reconsider the ways in which they approach families, and the ramifications of this effort are significant for issues of interdepartmental cooperation. In a state like California, family support principles are being integrated into government thinking in ways not previously believed possible.

Sadly, this capped entitlement program is scheduled to be eliminated in the budget amendment and made part of a larger child protection block grant. Supporters of block grants claim that one advantage to them will be that states will have the freedom to channel more funds into prevention programs. However, in reality, this will not eliminate the need for crisis intervention services and will create competition for funds between intervention and prevention programs. It is clear that a great deal of the positive momentum of this legislation is likely to be lost in this reorientation.

There are a number of additional programs, also administered through the Department of Health and Human Services (HHS), that have goals and purposes similar or related to the new family preservation and support program. The largest of these programs is Head Start. While the program began in 1965, it continues to adapt to the dramatic changes taking place within families and communities and is responding accordingly with new programs to address their growing needs. With a FY 1996 budget of $3.6 billion, the federal government provides matching grants to public and private nonprofit organizations. Head Start is designed primarily to prepare low-income preschoolers, usually starting at age four, to enter public school, however there is a large parent involvement component that includes workshops, support groups and accessible information for parents. Head Start also includes a volunteer requirement for parents to spend time assisting in classrooms, which gives them the opportunity to observe and model child development specialists.

Recently folded into Head Start is another HHS program called Comprehensive Child Development Centers. These centers were allocated $47 million in FY 1994 with the purpose of "providing various services, including health care, early childhood development, day care, nutritional services, parenting education and referral to other sources of social welfare assistance." ("CRS Report for Congress," p. 9.)

The most recent program funded by HHS, which was a result of the reauthorization of the Head Start Act in 1994, is Early Head Start. The grants awarded to these programs will "provide early, continuous, intensive and comprehensive child development and family support services to low-income families with children under age three." Funds are authorized at a percentage of total Head Start funds appropriated (FY 1995 = 3%, FYs 1996-97 = 4%, FY 1998 = 5%). In FY 1995, the set-aside amounts to a total of $106,043,580.

The HHS Bureau of Maternal and Child Health is funded to formulate policy and promote/fund programs centered on improving the health of women and children. Each year they fund the National Center on Maternal and Child Health (current budget $7 million) to collect, develop and disseminate information and educational materials. Notably, they have developed their Bright Futures program in cooperation with the American Academy of Pediatrics, the American Medical Association, and others, which offers guidelines for practice with families.

The Family Support Center program, authorized by the Stewart McKinney Homeless Assistance Act, also under HHS, is intended to "prevent homelessness among families by establishing family support centers at or near public housing facilities." Services provided include a full range of comprehensive and intensive services including, health care, child care, job readiness, parenting classes, etc. The act expired at the end of FY 1993, $7 million was appropriated for FY 1994, but it was eventually eliminated by FY 1996.

Under the Claude Pepper Young Americans Act, the Family Resource Centers program appropriated $6 million in FY 1994 for grants for states to establish local family resource and support programs, in collaboration with existing social service providers. "The program is intended to strengthen families and provide assistance before crisis occurs. Priority for local grants is given to programs serving low-income communities and young parents." This program was repealed for FY 1995 by the Community-Based Family Resource Programs Act of 1994.

Finally, through the Child Abuse Prevention and Treatment Act, HHS authorized $5 million in FY 1994 for several grant programs to states to provide community-based services to prevent child abuse and neglect. The Center for the Prevention of Child Abuse and Neglect has documented the importance of parenting education, so although this is not a line item listed in the program description, it can be assumed that a significant portion of the allocated funds for this program are being invested in supporting and educating parents. For FY 1996. the Claude Pepper Young Americans Act and the Emergency Child Abuse Prevention grant were combined to create the Community-Based Family Resources Program. Funded at $23 million, most of the funds went to Children's Trust Funds. (see "Children's Trust Funds (CTFs)," below) in each state.

In the area of family-centered support services for drug-abusing women, HHS administers the Comprehensive Residential Drug Prevention and Treatment Projects for Substance-Using Women and Their Children. One of the goals of the program is to "provide parenting education to ensure the optimal relationship of mother and infant and the facilitation of healthy mothering of any other children in the family." The grant obligation for FY 1995 was estimated at $15 million.

Within the federal government there are a number of other departments that fund programs to support and preserve families. Under the Department of Agriculture, the Cooperative Extension System and the 4-H Food and Nutrition programs have developed and administer programs specifically designed to provide information directly to parents about how to raise healthier children, and indirectly to health educators, teachers and other professionals who work with parents. The Families, 4-H and Nutrition unit within the Cooperative State Research, Education and Extension Service (CSREES) division of USDA developed the National Extension Parent Education Model of Critical Parenting Practices. The model is "intended primarily for professionals or committed volunteers who deliver parent education programs and for decision-makers and advocates....It is a compilation of priority parent practices and supporting material to be used as a basis for parent education efforts." This document represents consensus reached among county extension professionals, specialists at the nation's land grant universities, and administrators regarding the critical skills and information that will best support parents in their efforts to raise healthy children.

This is but one of the many efforts coming through the USDA to support and empower families. Across the system a significant amount of money is being invested by county, state and federal extension partners in parent education programs. Because funds originate at all three levels of the system, specific dollar amounts are difficult to determine. However, the Extension System's commitment is significant, amounting to multiple millions of dollars being invested in parent education.

Under the Department of Justice, the Office of Juvenile Justice Delinquency Prevention has invested significant funds to do research and publish a number of studies that consider the relationship between children's early experiences with parents and family and future delinquent behavior. According to their research summary, "Family Life, Delinquency, and Crime: A Policymaker's Guide," research confirms that children raised in supportive, affectionate and accepting homes are less likely to become deviant. They further conclude that, "A healthy home environment is the single most important factor in preventing delinquency."

The Department of Education funds numerous programs that have parenting education components, however, this area is not listed as a line item so, again, it is difficult to determine the amount of money dedicated to this activity. But there are clearly programs designed to support families and specifically parents. One of the largest of these is Even Start. Similar to Head Start, which focuses on the education of disadvantaged preschoolers, this program places a much greater emphasis on parents —on increasing their literacy so they can be better first teachers for their children and improving their parenting skills and knowledge of child development so they can be more competent, confident parents. The Head Start reauthorization resulted in a FY 1995 budget for Even Start of $102,024,000.

The federal Goals 2000: Educate America Act names eight primary areas of work, at least three of which directly impact parents, with number 8 calling specifically for "increased parental involvement in learning." Secretary Reilly has adopted "Family Involvement in Education" as the primary commitment of his office and has launched a national public education campaign on this theme. In FY 1994, the program's first year, it was funded at approximately $100 million. In FY 1995 it had a budget of roughly $361 million. Currently, the president's budget calls for FY 1996 funding of approximately $750 million. However, at this point, the House budget has eliminated all funding for the program and the Senate budget has maintained it at its current appropriation. For parenting programs specifically, Goals 2000 has allocated $10 million. A request for proposals (RFP) was published in 1994 to seek proposals to create 44 Parental Assistance Centers across the country. The notice of approval was mailed to 28 applicants in early October 1995, but the letters all included a grim warning that funding for the entire program may be in jeopardy. Program administrators remain optimistic that funding will continue, however the amount they will be operating with is still uncertain.

Also from the DOE's Office of Assistant Secretary for Educational Research and Improvement comes FIRST Family School Partnership. Designed to "increase the involvement of families in improving the educational achievement of their children in preschool, elementary and secondary schools." Parenting education has been recognized as an important aspect of increasing parents' involvement in their children's education, and examples of specific projects funded through this program include partnerships to teach parenting skills. In FY 1994 the entire appropriation of $2,035,000 was used for 25 continuation grants.

The Office of Special Education funds a grant program entitled, Parent Training and Information Centers. The total authorization in FY 1994 was $13,535,000 with the average state grant being approximately $150,000. This program is targeted at parents of children with disabilities with the objective being to help them negotiate the special education system and advocate effectively for their children.

The DOE's Office of Assistant Secretary for Vocational and Adult Education funds the Vocational Education Consumer and Homemaking program designed to "assist states in conducting consumer and homemaking education instructional programs, services and activities that prepare youth and adults for the occupation of homemaking." Parenthood education, child development and other classes are an integral part of this program, which typically awards grants of $651,849. The total FY 1994 budget was $34,720,000.

An additional federal program listed in the Catalog of Federal Domestic Assistance (a listing of all federally funded grant programs) as including parenting education is the Foster Grandparent Program. Funded by the Corporation for National Service, this is a volunteer program for older Americans to act as mentors to parents of children with "special or exceptional" needs. Special emphasis is placed on teenage mothers, with grandparents "acting as adult role models and teaching parenting skills." The grant obligation for FY 1994 was $66,117,000. The estimated budgets for FY 1995 and FY 1996 were$68,310,000 and $78,810,000 respectively. The average grant is listed as $251,370.

At the State Level

All of the above-mentioned programs allocate funds to the states. However, how states choose to use these funds varies depending on the amount of funding they receive, the commitment they have made to children and families, and the dominant paradigm from which they are operating.

With the enactment of the new Family Preservation Family Support legislation, many states have recognized the need to have a better, more complete understanding of the needs of families and the services currently available in order to determine how best to spend the federal, state and local dollars that have been earmarked for these services.

In Pennsylvania, for example, the University of Pittsburgh Office of Child Development conducted an inventory of family preservation and family support services in the state. Based on the responses of 76 programs, the report presents information specifically on the family preservation and support services currently being funded by government money. According to the report, over $4.5 billion has been allocated to family preservation/family support programs. Most of this money, $2.8 billion, is federal; $1.5 billion is provided by the state. Federal funds account for almost all of the family support funding.

Looking more closely at the area of parenting education, of the 79 family support and preservation programs in the inventory, 37 reported that they provide parent education, 24 provide parent-child activities, and 25 provide parent support groups.

We can conclude from these numbers that Pennsylvania (not known as a particularly progressive state in terms of services for families) has made a significant commitment to family support and articulates the differences between family support and family preservation, and that the movement toward creating a system that serves families from a prevention and promotion model is making significant advances. It can be further assumed that if Pennsylvania is making this shift, other states are making similar revisions to their policies and are more seriously assessing and providing for the needs of families living in their states.

We make special note of the interest and commitments made by the National Governor's Association and the Council of Governors' Policy Advisors (GPA). Their work has done a great deal to change the thinking of policy makers and support new initiatives at the state level. The Annie E. Casey Foundation has been a leader in supporting state-level reform, especially in child welfare.

Children's Trust Funds (CTFs)

Originally conceived by Dr. Ray Healthner to help prevent child abuse and neglect, children's trust funds were designed to create a lasting financial commitment to children that would rival state trusts for other concerns (like roads and bridges). The program expanded nationally when the federal government began to offer challenge grants to states if they would create their own trusts and commit state (and private) dollars to help end child abuse. While the original federal commitment was to match up to 25% of state dollars raised, the actual amounts paid out have ranged between 10% and 15%.

Today every state has a children's trust fund, and while most are freestanding, many are part of their state's Department of Social Services. The budgets of these programs vary from as low as \$100,000 to as high as \$3–\$4 million (Texas, California, New York). In total, the funds spend approximately \$50 million a year funding in excess of 1,600 programs. Funding is restricted to prevention programs, not treatment.

There is a National Alliance of Children's Trust Funds, currently chaired by Janie Fields of the Texas CTF. Fields estimates that more than 50% of the CTF-funded programs nationally are for parenting education. The alliance is working to establish criteria for approved parenting curricula and is also about to launch a national database on independently reviewed programs. In Texas, the CTF is sponsoring a move under way to register all parenting educators.

Recognized State-Funded Programs

A number of states have been recognized for creating innovative, comprehensive services specifically designed to support parents—to increase their ability and confidence in child rearing, to help them prepare their children for school and to decrease the incidence of child abuse and neglect. Today, most states have made commitments in this area, with an annual commitment in excess of \$100 million. However, there are programs that stand out as models, which, in some cases, have been replicated by other states.

The Harvard Family Research Project, the premier researcher in the family support movement, has identified a number of innovative and emerging family support and education programs. They feature states that have "developed preventive, family-oriented services on a broad or fully state-level basis." Some of the highlighted programs are Connecticut's Parent Education Support Centers; Kentucky's Parent and Child Education; Maryland's Family Support Centers; Minnesota's Early Child-hood Family Education (ECFE); and Missouri's Parents as Teachers (PAT).

Of these programs, ECFE in Minnesota and Missouri's PAT serve the greatest numbers of families and have some of the largest program budgets in the country. The goals of ECFE are stated as follows: "To strengthen families by supporting parents in their child-rearing efforts; offer child development information and alternative parenting techniques; foster effective communication between parents and their children; supplement the discovery and learning experiences of children; and promote positive parental attitudes throughout the children's school years." The initial funding for this program, in FY 1974-75, for six pilots was \$230,000 from the Council on Quality Education. By FY 1989-90, funding, based on a formula introduced in 1984, was approximately \$9.7 million in state aid and \$13 million in property tax revenue for 340 programs. For school year 1994-95, the minimum revenue available (based on a specific dollar amount) was \$15,187,500. The maximum revenue is computed as an estimated $17,642,000 in local levy and $14,544,000 in state aid for a total of $32,186,000.

In 1984 PAT became one of the first parenting education programs in the country mandated to operate in every school district in the state (although California's SAPID [1977] program was a precursor). Its goals are stated as follows: "to provide parents with information and guidance to assist their child's physical, social and intellectual development, and to reduce the stresses and enhance the pleasures of parenting, The long-range objective is to minimize the need for expensive remediation and special education services." In 1985 it was allocated $2.7 million in state funding and in FY 1990-91 had a budget of $13 million, and served over 100,000 families. As of 1991, 200 PAT programs were established in 35 additional states. By 1994 there were a total of 1,450 programs operating throughout the country. The current state funding for PAT is over $15 million.

While there are many other states that have been recognized as making significant efforts in the area of family support and preservation, we would take particular notice of the following:

- Kentucky—Family Resource and Your Service Center
- Oklahoma—Early Childhood Development and Parenting Education Program
- California—School Age Parent and Infant Development Program (SAPID).
- Michigan—Infant Support Services (ISS)
- Georgia—First Steps
- Connecticut—Parent Education and Support Centers
- Florida—Prekindergarten Early Intervention Program (Pre-KEI); Teenage Parent Program

With the imminent shift of some federal funds into block grants to the states, as well as other cuts in government funding, the future of family support and parenting programs will depend on the commitment individual states make to their families. We have mentioned some of the states that have made significant efforts in this area. At the same time, there are quite a few states that provide little or no funding for programs to support families. It is in these communities that families will be at the greatest risk.

At the City Level

The number of dollars being spent on parenting programs at the local level are the hardest to quantify. Cities typically integrate state and federal funding to support initiatives, thus segregating new dollars from these amounts would be nearly impossible. There are a number of cities that have made bold commitments to children and families, and, as a part of these efforts, serious parenting programs are being launched. More comprehensive and creative commitments seem to be happening in small and midsized cities, perhaps because of their greater freedom from bureaucratic red tape and turf battles. This is not to say, however, that there are not meaningful programs in large cities: they exist in good numbers, but usually as more narrowly focused efforts.

Hampton, Virginia, has made a citywide commitment to improve the lives of children and families. They have had a core of staff and volunteers trained by the Nurturing Program and then expanded their training with a follow-on program from Parents, Inc. In Georgia, The Atlanta Project has developed a design that is planning to train more than 200 parenting educators in the next year. We also acknowledge the bold effort begun by Chicago's Department of Health to target the Robert Taylor Homes for an interdepartmental campaign to reduce infant mortality and morbidity using a combination of Hawaii's Healthy Start and the HIPPY program. (For a good review of local initiatives in family support we recommend Norman Rice's discussion in "Putting Families First," [Kagan and Weissbourd, 1984]. Other important programs at the city level include those in Seattle, San Francisco and Detroit.

Public Funds Summary

This is an overview of the major public funding sources for parenting education and family support programs in the country. It is not a comprehensive study of all funding available or used for these purposes, since there are many programs that have parenting education integrated into other initiatives and long-standing social services. However, there are significant trends that can be identified from this information.

Taken collectively—and allowing certain averages for other states and cities—we estimate that there may be nearly $700 million being spent on parenting programs by local, state and federal agencies.

Although federal funding is decreasing for children and families in this country, the "infiltration of the mainland" is well under way. The shift from intervention to prevention, and now to promotion, while not the dominant paradigm, has begun to take hold. Community-based programs are opening across the country and are recognized as probably the greatest hope for the future of families. States are beginning to make major commitments to families and to replicate model programs. Collaboration among service providers is beginning to be recognized as the more effective service delivery approach, and agencies are seeking ways to more efficiently, effectively and sensitively serve their client populations.

Parenting education is recognized as a cornerstone of the family support movement. The exemplary programs, without exception, include a major component designed to help parents become more confident in their parenting skills, understand their children better and help them deal with the inevitable stressors of parenthood. While overall federal funds for services to families is diminishing, the recognition of the importance of parenting is growing. So, while there is less money available, we contend that more of those funds will be channeled into programs that have as a major goal the support of parents in raising their children.

We conclude on this note of caution: which parenting programs, principles and approaches government decision makers are choosing is a highly unpredictable process. The first criteria often seems to be the programs they have been lobbied for or that have developed in their districts. The second criteria is, more reasonably, published evidence, although sometimes without much discernment about the relevance of that data to the initiative under consideration.

A recent federal RFP named two parenting programs specifically: PAT and HIPPY (indicating that proposals needed to use or advance these models). The listing of these two programs was the act of two legislators who are particularly enamored of the programs in their home states. Both are home-based models and they were being advanced for use in a center-based initiative.

Government departments, on the other hand, have expressed reluctance to endorse any particular model. This has both positive and negative ramifications. It encourages diversity and guards against a "one size fits all" approach. It also blocks successful proven programs from advancing to universal acceptance of their insights (we note the dilemma of High Scope in its relationship with Head Start; no program has the long-term evidence of its effectiveness that High Scope does, but Head Start resists, simply because of its desire to not endorse any one program).

PRIVATE FUNDING

Funding from foundations and corporations provides a significant portion of support for parenting education organizations and programs, although the amount probably does not exceed $100 million (a fraction of the total dollars spent on parenting education nationwide). There are approximately 3,500 foundations and 200 corporations that have demonstrated a significant interest in the funding of programs for children, youth and families. In 1991 (the last time data was collected) there were approximately 10,000 grants made for nearly $700 million. The programs funded included child development and welfare, youth and families, child abuse prevention, family planning and delinquency prevention. The impact of this funding is felt disproportionately among larger organizations (those with budgets over $1 million), although these programs often earn the majority of their income from fees or government contracts. Community foundations and local businesses have a deeper commitment to smaller, grassroots programs.

There are a few national foundations that have shown significant interest in parenting, but usually as a part of a broader commitment to children and families. Many regional and community foundations have made notable investments in parenting programs, but, again, as part of a more comprehensive set of priorities. Few have made parenting education a stated priority, although a growing number have begun to specifically name "family support" as an area of interest or as an orientation in funding policy.

It is impossible to gauge the level of funding among medium-size and small foundations. Clearly, the topic of parenting is one of interest, but no survey of the issue (even of family support) exists.

By far the most common target for funding programs is young children (0-5), particularly children from low-income or at-risk families. Most states have created Children's Trust Funds (usually as a part of their child abuse prevention efforts), which provide an additional resource for parenting programs, and some funds have specifically stated goals of supporting parenting education. One of the most well-known national commitments to poor children is that of The Annie E. Casey Foundation. Their work in areas like foster care is having a major impact in setting priorities in the communities of which they are a part.

Other funders have taken specific social issues (violence, delinquency, child abuse, teen pregnancy, etc.) as the object of their interest, but we observed a marked shift toward the direction of family support principles—particularly in those foundations that have made a larger allocation of their resources to children and families.

The opportunity and need for funding in the area of parenting education is, in our opinion, great. Many practitioners and funders welcomed the prospect, although some anxiety was expressed about definition and focus. The foundations that have made the most significant steps in family support and parenting are Carnegie, Ford, Casey and Mailman. The Commonwealth Initiative is an interesting new design that many are watching.

Of course, concerns have been expressed in many quarters—both within and outside the funding community—that foundations have not always been enlightened in their approaches to funding. Some complain of what we would call a "steroid approach"—the phenomenon of foundations that "discover" a program and pump it up with significant dollars, and then abruptly cut it off.

Strong concern was expressed about "pilot" projects ("Please, no more pilots!"), trendiness (funding something that is popular for two or three years, then shifting to something new) and the lack of serious understanding of the issue before funding is launched. There was strong support for improving what already exists, focusing on state and local levels, and maturing our collective training capacity.

Commonwealth Foundation
New York, New York
Commonwealth is a midsize foundation that has a tradition of funding to improve the health and well-being of Americans, especially those who have serious and neglected problems.

After some study, the Commonwealth launched a parenting initiative in 1994 that is targeted at impacting health care institutions (HMOs, hospitals and community health centers). They have contracted with Barry Zuckerman of Boston Children's Hospital and others to design a new curriculum to be used in the initiative. The goal of Healthy Steps for Children will be to develop partnerships with 15 to 20 community foundations to fund programs in each of their cities (approximately a $3-$4 million initiative). Commonwealth will provide $50,000 each year for three years for the curriculum, training and evaluation. The community foundations are expected to provide $200,000 each year for three years. The goal will be to significantly impact outcomes for 100 families per site and begin to change the practice of M.D.'s and nurses. Funding will cover two paid staff per site.

Danforth Foundation
St. Louis, Missouri
Danforth has a strong commitment to education, emphasizing the improvement of "the quality of teaching and learning" at the pre-collegiate levels.

They are also (along with Ford, Mott and Casey) part of the funders Collaborative on Fathers and Families, which has made a major commitment to increasing awareness of the importance of fathering and to reducing the incidence of father absence in the country.

Ford Foundation
New York, New York
Primary commitments in this area are focused on young children in poverty and the need to support vulnerable families in their caregiving roles. Ford has supported the Family Resource Coalition (African American and Latino Caucuses), Avance, Ten Friends of the Field, and a number of evaluative efforts (PAT, H. Weiss, and others). They have shown some interest in helping to build national movement for families. Their commitment to "family support" per se is lukewarm, expressing concern that the definitions of family support are vague (Molnar wonders if "community support" isn't a better term).

Carnegie Foundation
New York, New York
Carnegie carries a primary goal of the education and healthy development of children and youth, including early childhood health and development, and similar objectives for early adolescence. Generally, Carnegie

takes a "life cycle" approach to their funding, and parenting is no exception. In the early-childhood area, Carnegie has three primary areas of activity: preparation for parenthood (focuses most on kids and family life/sex ed, biology curricula and those issues that target parents-to-be), model development (evaluating and developing model programs, research networks and infrastructure), and "composing the profession" (support for FRC's "best practices" and "scale-up" questions). They have worked with the larger models (Avance, HIPPY, PAT and Healthy Families America) trying to help them find their way into other institutions. They have also given money to the National Governor's Association to pull together state groups.

Carnegie has taken the lead nationally with its Starting Points initiative that was begun in 1994. Currently Starting Points has a number of facets, of which their funding of 14 states and cities to address questions of systemic change is probably the biggest single piece ($3.5 million; about $200,000 per site for two or three years). They are also doing some interpretive pieces (a "Blueprint for Fighting Back") on the block granting in Washington, Medicaid and measuring of results from major programs. The two biggest areas of activity that involve parenting are their efforts to bring some of the established national models to scale and a major new media initiative in collaboration with Hollywood (Rob Reiner) that will air a TV special on parenting in October 1996.

Carnegie will have a new president in about nine months, but there seems to be a strong commitment to follow through on these initiatives. The board remains very positive about the direction they are heading.

With the publication of its *Starting Points* report, Carnegie catapulted into the forefront of the discussion on work with children and families, if for no other reason than by "shaping the debate." At this stage there is no other foundation that has made a bigger commitment to parenting and family support.

A. L. Mailman Foundation
White Plains, New York

Mailman is committed to funding programs that are focused on the preservation and strengthening of families, with a particular emphasis on disadvantaged families. They have been a strong supporter of parenting programs, child care, and work and family activities. They were also one of the funders of the Family Resource Coalition "best practices" project and were an original outside funder for Ethel Seiderman's Parent Services Project. They view family support as a discrete field and therefore do not have a separate category for parenting education, however they acknowledge that parenting is an integral part of family support.

Like many other foundations they are interested in systemic change and therefore fund few direct service initiatives. Their focus tends to be on material/curriculum development and production, training, implementation and evaluation. In 1995 their total grants were $965,450. The contributions in family support, including Parent Services Project, totaled $254,000.

Annie E. Casey Foundation
Greenwich, Connecticut

Casey has focused its funding exclusively on disadvantaged children and their families with the goal of improving their chances for success. They have placed a major emphasis on foundation-developed initiatives that raise public awareness of the status of children, reform systems of delivery, and demonstrate effective and innovative service delivery. They do not fund direct service except occasional pilot projects.

Casey has demonstrated an interest in parents and parenting through a few different initiatives including their New Futures program. Launched in 1987, in five cities for a period of five years, the initiative focused on middle school-aged youth with the three major goals of improving school success, increasing the number of youth prepared for work or college, and reducing the incidence of adolescent pregnancy. Although parent education was not a specifically stated goal of the initiative, most communities within the target cities designed efforts to help parents.

A newer initiative, launched last year, focuses on fathers and families and was created with the goal of deepening the understanding of what kinds of programs are needed to reverse the trend of fatherlessness. They have funded the ad campaign for the National Fatherhood Initiative, as well as work being done by the Center for Fathering, and the National Center on Fathers and Families. In addition, they funded Parents Fair Share, and Public/Private Ventures' Unwed Fathers Project. Last year they spent approximately $700,000 on these efforts.

As a member of the Funders Collaborative on Fathers and Families, they estimate that they will spend $5 million in this area over the next five years. The total amount they estimate will be spent among the four agencies will be $10-$15 million over that period.

Some say Casey is "crazy," but they do so with great admiration. The attractiveness is that Casey is willing to fail, where most other foundations are not.

Dewitt Wallace Foundation
New York, New York
Dewitt Wallace's primary commitment is to education, career opportunities for young people and increased access to these things, especially for low-income families. They have a School/Family Partnership initiative and have supported the Right Question project, an advocacy program based in Boston; Aspira, for Latino families; National Parents Network on Disabilities; and HIPPY.

Edna McConnell Clark Foundation
New York, New York
The Edna McConnell Clark Foundation (EMC) has a long history of commitment to intervention programs targeted in the area of child protective services. The Family Preservation/ Family Support Act drew EMC into the realm of family support, particularly in their interest in "diversion." "We need to a find a new set of tactics that help us prevent problems before they are reported," says director Susan Notkin. This has led EMC to review high-quality, well-embedded, family support programs. Nonetheless, EMC sees very clearly the weaknesses of family support—perhaps better than any funder we interviewed—especially the fact that family support is still much more of an approach than it is a model.

Robert Wood Johnson Foundation
Princeton, New Jersey
The Robert Wood Johnson Foundation (RWJ), a foundation with a primary commitment to health care-related issues, has three primary areas of funding that impact parenting: access to health care, kids with disabilities, and substance abuse prevention. RWJ also carries a commitment to reducing health care costs. They have made significant commitments to Head Start's Free to Grow program and the National Center on Children in Poverty. RWJ has carried an ongoing interest in capacity building in all their funding.

Packard Foundation
San Francisco, California
Currently Packard has no major initiatives in the area of parenting or family support, but has had them in the past. Nonetheless, they have a high interest in the field. Packard has two "pots" of money: one for local funding and the other for a limited number of national "policy"-related grants. Major areas of interest are home visitation, child care and the California Wellness program (replication of the Hawaii model). Packard has shown great interest in the evaluation and effectiveness of three of the larger parenting models that use home visitation: PAT, HIPPY and the Hawaii model. Packard has invested a great deal in the Foundation Consortium for School-Linked Services, involving approximately 20 foundations. They are also involved with the Greater Bay Area Family Resource Network. Total commitments (most in multiyear programs that area under way) in family support and parenting are in the range of $5–$7 million.

Packard is intimately related to the Center for the Future of Children (a program within the foundation). The center has provided the field with some of its best written resources—comprehensive overviews of specific areas of work in the field (home visitation, school-linked services, etc.).

We found the staff at Packard to be some of the most knowledgeable of any funders we interviewed. The measurements they are invested in will be important to our understanding and appreciation of the strengths and weaknesses of the larger models.

The Harris Foundation
Chicago, Illinois
Funding includes demonstration and research programs focused on prevention of family dysfunction, prevention of teen pregnancy and infant mortality, infant mental health and early child development. A number of parenting programs have received support from Irving Harris, particularly in the area of training.

W. K. Kellogg Foundation
Battle Creek, Michigan
The area of Kellogg's work that most involves parenting issues is their youth division, which defines activity in three functional areas: early childhood, mid-childhood and adolescence. They are very interested in comprehensive approaches to youth. Kellogg is also in the midst of a $42 million multi-year initiative called Families for Kids. The initiative seeks to take on the welfare system of states, especially foster care and those situations where the child is not returning to his/her biological parents. Its perspective is one of promoting the "eye of the child" for seeing these issues. The primary objective of the initiative is to develop greater respect and support for caregivers involved in foster care and adoptive care situations. They are working with 10 communities nationwide (seven states and three counties) that have developed comprehensive strategies to address these goals.

Kellogg sees the development of "family support" approaches as one of five necessary outcomes for this initiative, although they are not focusing on parenting per se.

MacArthur Foundation
Chicago, Illinois
MacArthur, one of the larger national funders, has made a strong commitment to systemic change and is no longer interested in demonstration projects. In particular, they have made a major commitment to "transform Chicago public schools and the related agencies" and are investing $40 million over 10 years (now in the 5th year). They want to change what happens in the local schools at all levels, but are putting a strong emphasis on parent involvement in education, restructuring the central office and connecting all the community support agencies.

Recently (November 1995), MacArthur funded a $50,000 study of parenting in the media to be undertaken by Rae Simpson and Jay Winsten at the Harvard School of Public Health.

Stuart Foundation
San Francisco, California
For some time Stuart has been focused on projects to support treatment and preservation of families in crisis. In the past three years, however, they have shifted to a family support orientation, looking at many more prevention and voluntary programs. They have funded demonstrations in family literacy, family resource centers, home visitation and parenting education. They have also been active in the California Wellness project. Their concern over the lack of evidence in the field has prompted them to require rigorous evaluations of whatever they fund.

Foundation for Child Development
New York, New York
Funding is focused on children and their families who are at economic and social risk, with a particular emphasis on AFDC families and activities related to the Family Support Act of 1988. Funding is generally limited to New York City although they have, for instance, given grants to the Family Resource Coalition.

William Penn Foundation
Philadelphia, Pennsylvania
Funding is mainly limited to the five-county Philadelphia area and Camden County, New Jersey. Thirty-five percent of funding is allocated to "human development/education," which they break into grants for children, adolescents and the elderly. While they do not state a specific focus toward parenting, many of the programs they support include parenting education as a major component of their work. Recently, William Penn Foundation made a major shift in their priorities and are making a major commitment to children and families, including parenting education.

Community Foundations

There are about 400 community foundations in the U.S. These are key to community-based solutions and most have supported local parenting programs. Their unique contribution comes in their close proximity and commitment to smaller grassroots programs.

Among those who have been heavily involved in parenting programs are the Philadelphia Foundation, the Kansas City Foundation, the Baltimore Community Foundation, the Chicago Community Trust and the Boston Foundation.

Corporations

Corporate giving has shifted some in recent years to be more aligned with marketing goals. This reality and the run of corporate mergers and takeovers has cut back the number of dollars available for charitable support. However, a few corporations have shown growing interest in [illegible] and parenting. Among this latter group are [illegible] & Gamble, Johnson & Johnson, Hasbro, McDonald's, Stride Rite and MetLife.

Of note, ATT has recently committed $1 million to support the ABC-TV special on parenting that is being produced by Rob Reiner, with the active involvement of the Carnegie Foundation.

Chapter 10

REVIEW OF KEY PROGRAMS

Our intent in this section is to provide an overview of some of the leading parenting programs in the U.S. We have tried to limit ourselves to established models with a proven track record and at least one serious evaluation study. Even with this we are not listing every program that could fit in these parameters. This list may provide a feel for 75% to 85% of the larger parenting programs, which probably represent less than a third of the universe we are addressing in this report.

The reason for offering this level of attention to these programs is not because we have a bias toward larger organizations. In fact, a few of these programs are not all that remarkable in what they offer in comparison to the rest of the field. They may have simply benefited from nothing more than a healthy dose of funding "steroids" that enabled them to afford to build an infrastructure and garner attention. They are the leaders today, but may not be so tomorrow, and they know it. On the other hand, the majority of those we review here have been responsible leaders and pioneers. They have faced the test of a national audience, been reviewed and evaluated, and are reaching thousands of parents every week. Today, these are the programs that are shaping the debate.

PROGRAMS FOR EARLY CHILDHOOD

HIPPY (Home Instruction Program for Preschool Youngsters), New York, New York
Program orientation: education, school readiness
Target age group: 3-5
Primary methodology: home based (home visitation)
Executive director: Miriam Westheimer, Ed.D.
Contact: Alice Smothers, Director of Policy and Program Development
Phone: 212-678-3500

Developed in 1969 in Israel, the first HIPPY programs in the United States began in 1984. Designed to help parents be better first teachers of their three- to five-year-olds, HIPPY programs are delivered to parents in their homes by paraprofessionals who are themselves parents and who have been trained by HIPPY staff members. One of the oldest parenting education programs, the curriculum is highly structured and designed for parents who have limited formal schooling. As of 1993, approximately 10,000 economically disadvantaged families participate in 61 programs operating in 17 states. Families are visited every other week by their HIPPY teacher, who is typically a native of or familiar with that community. The teacher provides the parents with a packet of materials including structured activities designed to facilitate the learning of new concepts. On alternate weeks small groups of parents meet to share their experiences, which assists in the promotion of community building. HIPPY's rapid growth in the U.S. is largely attributed to its early use in Arkansas (Better Chance Act, 1991) and its subsequent endorsement by Hillary Clinton.

HIPPY has received acclaim as an early-childhood parenting program and has been widely replicated throughout the country. A three-year longitudinal study showed that teachers rated children who had been in HIPPY as "significantly better adapted" in their early years of school. HIPPY USA supplies training and technical assistance to the national network of local HIPPY programs in the United States.

MELD (formerly Minnesota Early Learning Design),
Minneapolis, Minnesota
Program orientation: normative
Primary methodology: peer, self-help groups
Target age group: primarily 0-2
Executive director: Beth Sandell
Contact: Pat Armstrong, Director of Local Services
Phone: 612-332-7563

Founded in 1973 by Ann Ellwood (who remains associated with the organization in an ex-officio capacity), MELD has rapidly grown to include eight programs to support and educate parents, the mission being to strengthen families at critical periods of transition in parenthood. A leader in peer, "self-help" groups, MELD is a primary prevention program that brings together groups of parents during pregnancy and the first two years of their child's life. MELD programs aim to "address the universal needs of parents" through providing information in five subject areas: health, child development, child guidance, family management and personal growth. Services aim to be flexible and are designed to meet the needs of specific populations including new parents; parents with children up to age 3 who are chronically ill or disabled (this focuses on daily tasks of the parents rather than dealing with the specific disability); young mothers, ages 13 to 20 with new babies; growing families (single mothers with children 3 to 5); and a program specifically for Latino families, Para Nueva Familia. (They have also begun some important work with Hmong families.) Since its inception MELD has served more than 30,000 parents.

As of 1993 MELD was being used in about 100 different sites around the U.S. MELD Central in Minneapolis provides training, technical assistance and curriculum materials to agencies wanting to establish MELD's programs in their communities. MELD staff works with agencies to determine where the programs would be best placed in the agency and then offers a comprehensive training that includes a five-day training in Minneapolis and ongoing follow-up support services. For these services MELD charges about $15,000, which does not include transportation costs for trainees to get to Minneapolis. Recently, MELD launched a modest training program focused on some of the basic skills and concepts they promote in their full curriculum.

PAT (Parents as Teachers), St. Louis, Missouri
Program orientation: education, school readiness
Primary methodology: home based [illegible]
and groups
Target age group: 0-3
Execut[illegible] Mildred M. Winter
Contact: Patty Holman, International Specialist
Phone: 314-432-4330

The mission of Parents as Teachers is to assist parents in giving their children the best start in life. Originally designed by Burton White and established in 1981 by the Missouri Department of Elementary and Secondary Education, the program is a partnership between home, school and community designed to provide all parents of children, prenatally through age three, with the information they need to be their children's best first teacher. One of the first large-scale home visiting programs, PAT provides all parents of young children with access to monthly home visits by trained parent educators who offer timely information on the child's development and ways to encourage learning. In addition they hold group meetings with other parents to encourage community building and support, do periodic screening of children's development for early detection of problems, and provide linkage with providers of needed services that are beyond the scope of the program.

PAT is one of the largest parenting education organizations in the country. According to the 1994 annual report, the 1993-94 program year saw expansion of Parents as Teachers to 1,450 programs in 44 states, Washington, D.C., and four foreign countries. Over $15 million a year in funding comes from the state of Missouri (where it serves nearly 40% of the population). The program has received significant national recognition (in large part due to some enthusiastic support from a few members of Congress), and a number of longitudinal studies have been conducted, although its effectiveness with low-income populations is still unclear. The use of groups is somewhat less than most would recommend (average of 74% of parents attend two a year), supervision and update of skills is not strong in replicated models. PAT professes to have trained nearly 4,000 practitioners across the U.S. in their 30 training programs.

Avance (the Spanish word for "Advance"),
San Antonio, Texas
Program orientation: education, academic achievement
Primary methodology: center based
Target age group: infants and young children
Executive director: Gloria Rodriguez, Ph.D.
Phone: 512-270-4630

Probably the most-recognized program in the country serving Latino populations, Avance targets low-income, minority parents with infants and young children. With 200 staff members in three areas (primarily San Antonio and Houston; 75% of whom are Avance graduates), Avance offers a highly structured program consisting of formal parenting education classes (a full academic year, with graduation), developmentally appropriate play groups and child care for children, toy-making classes for parents, adult education and bimonthly home visits. Services are interrelated, family centered and preventive in nature. In 1993-94, over 6,000 adults and children received Avance services. Avance acknowledges deep early-childhood education roots and a strong allegiance to the research of U. Bronfenbrenner, Piaget and B. White.

Avance stresses community partnerships and seeks to improve the development of children through increasing the skills and self-esteem of their parents. Avance has recently begun to make a serious investment in replication and rollout of its programs, now having a distinct "national" staff. Hasbro Toys has been an enthusiastic funder, and their research has been funded by the Carnegie Foundation and conducted by the University of Houston. Avance is one of the few programs with a director of research on staff.

ECFE (Early Childhood Family Education),
St. Paul, Minnesota
Program orientation: education, school readiness
Primary methodology: school based;
state mandated and funded
Target age group: 0-5
Director: Lois Engstrom
Contact: Betty Cooke, Early Childhood Specialist
Phone: 612-296-8414

Begun in 1975, this program is designed for all Minnesota families with children from birth through kindergarten. The program is offered in 398 school districts and the four tribal schools in Minnesota. In 1991-92 over 230,000 children and parents participated in ECFE—reaching 98% of the 0-4 population. Approximately one-fourth of all families participating in ECFE during the fall of 1992 had household incomes of less than $20,000 (over 14,000 home visits were made that year). About 5% (1,072 families) had incomes under $5,000. Like HIPPY and PAT, the mission of the program is based on the belief that parents are their children's first and most important teachers. The aim is to strengthen families and support the abilities of parents to provide the best environment for the healthy development of their children. Services are varied, being both center based and home based, based on the needs of the family. ECFE programs are provided by licensed parenting educators and teachers in community sites. They are open to all parents and special sessions are available based on the needs of the families.

According to the 1984 Minnesota statute, all teachers working with parents in ECFE programs must be licensed teachers. A distinction is made between "parent educator" and "early-childhood family educator" with the requirement for each being slightly different. Funding is about 2/5 from the state and 3/5 from local education taxes. The budget is in excess of $35 million a year. There are over 2,500 staff members.

(No state has made a more comprehensive commitment to parenting education than Minnesota. Its model may not be viable for every state, but its experience cannot be overlooked.)

High/Scope Foundation,
Ypsilanti, Michigan
Program orientation: education, school readiness
Primary methodology: center based, self-help and
home visitation
Target age group: three- to five-year-olds and their mothers
President and founder: David Weikert
Contact: Mary Leiner, Secretary to the President
Phone: 313-485-2000

The High/Scope Perry Preschool Program was one of the precursors of today's Head Start program. Based on a careful initial design and dedicated longitudinal follow-up, the project has had a large influence on educational designs and on public policy. The study began in 1962 with 123 randomly selected three- and four-year-olds who received an early-childhood education intervention or were assigned to a control group. The intervention consisted of 2 1/2 hours of preschool experience five days a week for 7 1/2 months for two years. In addition teachers visited each mother and child [illegible] for 90 minutes once a week during the school year. Follow-ups of the control and experimental groups were conducted when the participants were 19 and 27. The findings were significant and included higher grade point averages, less time in special education, higher rates of high school graduation, lower rates of receiving public assistance and fewer pregnancies for the girls among those in the experimental groups. The High/Scope Educational approach is currently available throughout the country from 1,200 certified High/Scope Trainers of Teachers. Training includes instruction concerning both in-class and home-visiting strategies.

The influence of High Scope on early-childhood education is hard to underestimate, although its impact on parenting education is still somewhat peripheral; their interest is in the question of how teachers can help parents raise children. One needs to consider that no other player in this field has more solid, longitudinal evidence of its effectiveness. High Scope maintains the most comprehensive commitment to disciplined methodology and outcome research of any program this study reviewed. High Scope maintains a long-running debate with folks like Ed Zigler, founder of Head Start, on the relative importance of curriculum (High Scope) vs. parent involvement (Ed Zigler). The big issue for High Scope is "going to scale," or how to reach a mass audience with their approach, thus a major thrust of their current energy is focused on reaching policy makers.

Schools for the 21st Century: New Haven, Connecticut
Program orientation: education
Primary methodology: school centered, use of both centers and home-based services
Target audience: preschool
Founder: Edward Zigler, Ph.D.
Phone: 203-432-4576

This program, which would probably not be listed in most surveys of this kind, is playing an important role in shaping the debate of work with families and parenting programs in school-related settings. Originally begun in Independence, Missouri, in the 1980s, the program has now expanded to 13 states and over 400 schools [illegible]ding 180 in Kentucky alone). It involves an [illegible] optimize child development and readiness [illegible] target areas: full day/year long child c[illegible] new families (home [illegible]tion for prena[illegible] outreach to family day care; preventive hea[illegible] information and referral. Most groups (states) [illegible] the child [illegible]gram offers a national training academy each summer in New Haven (lasts one week); technical assistance and regional labs follow. The program is based at the Bush Center in New Haven with three to four full-time and four part-time staff. Program leaders acknowledge that they share many family support principles, but see themselves as more "collaborative" with key family support organizations and individuals. Although they promote parenting education through age 12, they do not have a set curriculum. Many of their sites employ national parenting models like PAT, HIPPY, Resource Moms and others. Funding is decentralized—spent mostly at the local level, although they receive support from Kraft Foods, Danforth Foundation and MetLife.

Other Notable Programs

The National Parenting Center, Woodland Hills, California
Parent Services Project, San Francisco, Ethel Seiderman
Center for the Improvement of Child Caring, Studio City, California, Kerby Alvy

MAJOR FEDERAL INITIATIVES

Even Start, U.S. Department of Education, Washington, D.C.
Program orientation: school readiness/early education
Primary methodology: early education and home visitation
Target: families with at least one child under age seven, Chapter 1 eligible
Sponsor: Office of Elementary Education and Secondary Education
Phone: 202-401-1692

First funded in 1989 under legislation included in 1988 amendments to the Elementary and Secondary Education Act of 1965. Designed to help parents become full partners in the education of their children and to help children reach their full potential as learners. Programs must provide some home-based instructional services to parents and children together. Currently funding provided to over 500 grantees throughout the U.S. Even Start has a FY 1995–1996 budget of approximately $102 million.

Head Start, Department of Education, Washington, D.C.
Program orientation: education, educational readiness
Primary methodology: center-based early education
Target: children under age three and their parents
Founder: Edward Zigler, Ph.D.
Director: Beverly Dugger
Contact: Donna Brunson, Director of Operations
Phone: 202-205-8572

Primary objectives of Head Start are to improve child development, enhance parenting skills and strengthen the family unit. Although federally funded, Head Start operates locally, with grants awarded to a variety of public agencies to run the program. It serves children whose families have incomes below the federal poverty line, yet it allows 10% of families served to be above that line if their children have disabilities. Head Start's four components have remained unchanged since its inception: preschool education, health care, social services and parent involvement.

Resources

Replogle, Elaine M., "Head Start as a Family Support Program: Renewing a Community Ethic." Cambridge, Massachusetts: Harvard Family Research Project, 1995.

Zigler and Muenchow, *Head Start, The Inside Story of America's Most Successful Educational Experiment*. New York: Basic Books, 1992.

Zigler and Styfco, *Head Start and Beyond*. New Haven, Connecticut. Yale University Press, 1993.

CHILD ABUSE, NEGLECT AND INFANT MORTALITY PREVENTION

Nurturing Programs, Park City, Utah
Program orientation: child abuse prevention
Primary methodology: small groups and home visiting
Target age group: 0-18
President and founder: Steven Bavoleck, Ph.D.
Phone: 1-800-688-5822

Founded by Steven Bavoleck, Nurturing Programs are designed to assess, treat and prevent child abuse and neglect. The focus of the programs is on "reparenting" so that parents learn new, nurturing methods of child rearing in order to break the cycle of abuse and prevent it from occurring. Recognizing that abuse is not limited to the early years, the program takes a life span approach and offers six different Nurturing Programs for: Parents and Children Birth to Five Years, Four to Twelve Years, Parents and Adolescents, Teenage Parents and Their Families, and Foster and Adoptive parents.

Administered through Family Development Resources, Inc., Nurturing Skills workshops are conducted throughout the United States, Canada and Europe. These two- to three-day workshops are designed to help professionals increase their nurturing skills and become certified trainers. Participants learn about the nurturing program philosophy; how to help families develop appropriate expectations, empathic awareness, alternatives to physical and emotional abuse, and develop positive self-esteem and self-concept; and how to implement Nurturing Programs. Program delivery is both home based and group based and most practitioners are in the mental health and human services communities. Extensive pre-test and post-test data has been gathered and published on each of the Nurturing Programs.

Of the national parenting models, the Nurturing Programs may be the most well documented. Their measurement instruments are used widely. We note that many of the "certified" trainers are therapists and social workers, who, apparently, use the Nurturing approach in their wider practice. However, we observed some cities and regional agencies that have made commitments to this program.

National Committee to Prevent Child Abuse
Initiative Healthy Family America
(134 sites throughout the U.S.)
Program orientation: multiple and complex needs: child abuse and neglect
Primary methodology: home based (home visiting)
Target age group: 0-3
Project director: Leslie Mitchel Bond, M.Ed.
Phone: 312-663-3520

A child abuse and neglect prevention program, Healthy Start was conceived to "improve family coping skills and functioning, promote positive parenting skills and parent-child interaction, promote optimal child development and as a result, prevent child abuse and neglect." The program began in Hawaii (pilot in 1995 and state funded since 1988) and as a result of methodologically sound research data documenting significant [illegible]sitive results, the mode[illegible]pted by the National Committee to Pr[illegible] Child Abuse and became Healthy Families America. The program uses a comprehensive model that features systematic strategies for reducing the incidence of child a[illegible] These include

- Hospital-based screening to identify high-risk families with newborns.
- Community-based home visiting.
- Individualized services based on family's level of risk and needs.
- Linkage to a "medical home."
- Continuous follow-up until the child reaches age five.
- Structured training program in the dynamics of abuse and neglect.
- Early identification of families at risk and home visiting.
- Careful staff selection and good benefits.

This model has been endorsed by the National Committee to Prevent Child Abuse and Neglect, which in turn has launched a national campaign with support from Ronald MacDonald Charities, to promote the Healthy Start model around the U.S. under the name of Healthy Families America. Many state-based agencies and consortia of child abuse prevention programs have adopted this model and/or are working toward its implementation.

Resource Mothers, Sterling, Virginia
Program orientation: health care—
infant mortality and morbidity prevention
Primary methodology: home-based—
home visiting/mentorship
Target age group: prenatal–age 1
Executive director: Rae Grad, R.N., Ph.D.
Phone: 703-444-4477

Designed to prevent infant mortality, Resource Mothers is a mentoring program aimed at reducing low birth weight and other risks for expectant mothers and their babies. Recognizing that babies at the highest risk are those born to teenagers, low-income mothers and those who had unintended pregnancies, the program seeks to reach these particular women and provide them with someone from their community (a lay health worker) who [illegible]r them through pregnancy and the first [illegible]by's life. The program was designed [illegible]thers Development Project, a na[illegible] information and referral network. Trainin[illegible] mentor consists of 14 full days using a [illegible]urriculum that includes case studies, role p[illegible] and didactic sessions.

The progr[illegible]oned as a service of the National Com[illegible]t Infant Mortality (NCPIM).

Parents Anonymou[illegible]alifornia
Program orientation: child a[illegible]n
Primary methodology: self-help, parent support groups
Target age group: 0-18
President: Lisa Pion-Berlin, Ph.D.
Contact: Beth L. Siper, Development Associate
Phone: 909-621-6184

An international self-help organization with over 1,400 chapters in about five countries and most states in the U.S., Parents Anonymous (PA) is designed to break the cycle of child abuse by providing "safe, supportive weekly meetings where parents under stress can discuss their problems with their peers and with trained volunteer professionals." Founded in 1970, the organization is free and open to all parents who are "overwhelmed, isolated or afraid of their anger toward their children." As of 1981 PA has been one of the largest self-help programs in the nation. PA groups are cofacilitated by volunteer human service professionals, called sponsors, and a parent member, or chairperson, of each group. The sponsor receives training in self-help group facilitation, and then works with the chairpersons to help them develop their facilitation skills. When members join they receive a handbook that explains the goals of PA, its basic guidelines for operation, information about anger, a needs assessment and a page for other members' telephone numbers. PA has been evaluated by independent researchers including Behavior Associates, Tucson and Berkeley Planning Associates. Results show that physical abuse stopped after one month's attendance and verbal abuse showed a significant decrease after two months.

GENERAL PARENT EDUCATION ACROSS THE LIFE SPAN

Active Parenting Publishers: Atlanta, Georgia
Program orientation: normative—psychoeducational parent education workshops
Primary methodology: video-based presentations
Target age group: school age–adolescence
President: Dr. Michael Popkin
Contact: Kelly Phillips, Administrative Assistant
Phone: 1-800-825-0060

A for-profit, video-based psychoeducational parenting education program, Active Parenting was founded in 1983 by Michael Popkin, a former family therapist and doctor of counseling psychology. It has since grown into a giant in the field of parenting education. Publishers of all their own multimedia materials, Active Parenting offers what they call "step-by-step" instruction packets that allow any interested individual to lead a range of workshops in parent education, in-service training for teachers, loss education and self-esteem development. Individuals can purchase any of their materials and lead workshops without any formal training. However, Active Parenting also provides one-day leader training workshops throughout the country on how to most effectively lead groups using their materials. Having participated in a training day and led at least one Active Parenting workshop, individuals are then qualified to attend a three- or four-day Training of Trainers (ToT) seminar, which authorizes participants to hold their own leader training workshops in their communities. The tuition for the seminar is $390; does not include travel expenses.

Center for the Improvement of Child Caring (CICC)
Founder and Executive Director: Dr. Kerby Alvy
Studio City, California
Phone: 818-980-0903

CICC was founded in 1974 as a private, nonprofit training, research and cummunity-service organization. Although its original focus was on preventing child abuse, CICC has since become a large provider of parenting programs (including Confident Parenting, Effective Black Parenting and Lós Niños Bien Educados) and workshops to train parenting educators. CICC's cirricula are marketed widely, and are noted for their responsiveness to different cultures. The programs are used most often in large urban areas.

PET (Parent Effectiveness Training), California
Program orientation: normative—personal growth
Primary methodology: psychoeducational workshops for adults
Target age group: across the life span
Founder: Dr. Thomas Gordon
President: Linda Adams
Contact: Val Williams, Office Manager
Phone: 1-800-628-1197

Founded in 1962 by Thomas Gordon (a disciple of Carl Rogers), PET was one of the original parenting education programs in the country. Started for parents to help them become more effective in their relationships with their children, the organization has since become Effectiveness Training International (for-profit) and serves a wide population including parents, teachers, men, women and couples. Gordon claims to have trained over 1 million parents and several thousand instructors. The program is now aimed at helping people in general be more successful in all their interpersonal relationships. Since its inception, Gordon has been particularly committed to the rethinking of traditional ideas about punishment and discipline.

In recent years the field of parenting has seen many of Gordon's concepts integrated into the fabric of what everyone teaches. So complete has been this assimilation that many programs no longer even acknowledge Gordon's contribution. It is not surprising to learn that the growth of PET in the U.S. has declined for the last five to seven years, while the international markets for his approach have exploded, especially in Great Britain, Korea and Japan.

STEP (Systematic Training for Effective Parenting), Minnesota
Program orientation: normative
Primary methodology: individual, self-help groups, support groups
Target age group: school-age–adolescence
Director: David Brassfield
Phone: 313-971-7470

STEP offers a nine-week program for parents to follow, and encourages parents to form ongoing support groups. STEP is published and promoted by American Guidance Service, a for-profit publisher based in Minnesota. Includes five parent handbooks, one covering the basic STEP program and four others covering teens, early youth, The Next STEP and a Hispanic version of STEP. Each is supported by a leaders guide, videos, flyers, certificates and audiotapes. Dinkmeyer and his colleagues tour the U.S. annually doing 56 leader traini[illegible] [illegible] (maximum of six hours). Leade[illegible] essential sales staff.

National [illegible]erative Extension—Parent Education Model, M[illegible]ttan, Kansas
Program [illegible]ation: normat[illegible]
Primary methodology: disseminate mo[illegible] through cooper[illegible]tension
Target age group: preschool–adolescence
Director: Marc Johnson
Contact: Chuck Smith, Ph.D.
Phone: 913-532-5773

This is a parent education model that grew out of an interest among professionals throughout the Cooperative Extension System to reach consensus around a common set of goals for parenting education programs. The impetus for the initiation of this effort was that many professionals throughout the system were offering parenting education in their communities, using many different models and practices. A team of four state human development specialists provided leadership for the development of the model with the intention of defining common goals and practices for parenting education programs. With a grant of $60,000, a core group of four men and women worked independently within their communities and collaboratively with one another to develop a national model of parenting education, reached by consensus, which now serves to inform and guide the work of parenting educators throughout the country.

In creating the model, the members were guided by eight underlying principles including a focus on priority parent practices that are significant across the full range of childhood and adolescence, an emphasis on parent strengths and empowerment, and core priorities. The completed model outlines six categories for parenting education and priority practices within each. For example, under the category "motivate," the critical practices include

- "Teach children about themselves, others and the world around them."
- "Stimulate social change to create supportive environments for children and families."
- "Create beneficial learning conditions."
- "Help children process and manage information."

Included in the NEPEM guide, which describes the model in depth, is a list of suggestions for how to [illegible]nt the model, curriculum guides divided [illegible] references and transparencies.

Parents, Inc. (PI), Philadelphia
[illegible]m orientation: [illegible]y areas—
[illegible]tion and health [illegible]
[illegible]ry methodology: [illegible]t groups, workshops, home visitation, practi[illegible]raining
Target age group: 0-18
President: Richard J. Maladecki
Contact: Karen Fingerlin, Registrar
Phone: 215-241-1700

The organization was founded in 1979 as a grassroots program that developed into a comprehensive parenting program providing direct services to parents and indirect services through the training and support of practitioners. Rooted solidly in family support principles, particularly empowerment of low-income families, family-centered care and parent involvement in education, Parents, Inc. now conducts training programs nationally. They have worked in public housing, hospitals, schools and preschool settings. PI is one of the key players in the Ohio: RISE state-funded program to train child care workers and parents statewide.

PI employs both a 15-week training program to "certify" parenting educators (used primarily with paraprofessionals) and a customized "core competency" approach to professional training.

The family-centered care dimension of PI work has been evaluated, but the other dimensions of their work are still being evaluated by Temple University under the direction of Joan McCord, Ph.D.

Educating Children for Parenting (ECP), Philadelphia
Program orientation: education—life skills
Primary methodology: in-class interactions with regular teacher
Target age group: elementary school children
Director: Jacqueline P. Brinkley
Phone: 215-496-9780

Educating Children for Parenting (ECP) is a somewhat special parenting program in that it focuses on the children themselves. It is a curriculum that is integrated into regular classes for elementary children, using a volunteer mother/father and their infant child. ECP seeks to teach children about the varied dimensions and responsibilities of parenting and, along the way, teach life skills such as problem solving, conflict resolution, etc.

ECP has little longitudinal evidence of its effectiveness, although it enjoys many enthusiastic supporters as the "ultimate prevention model." Active primarily in Pennsylvania, Vermont, Illinois, Colorado and Alabama.

EPIC-Effective Parenting Information for Children, Buffalo, New York
Program orientation: life skills
Primary methodology: workshops and seminars
Target age group: parents and children
President: Vito Barello
Contact: Maria Battaglia, Director of Development
Phone: 716-886-6396

Started in Buffalo about 15 years ago, EPIC is a parenting education program that provides information to parents through workshops. EPIC provides two-day training for people interested in becoming facilitators. They can be parents, guidance counselors or school aides—anyone interested in leading workshops in their community (no prior facilitation experience is necessary). The primary location where workshops take place is in schools, although more agencies are beginning to request training for their staff. Workshops topics are divided into three groups: infants and toddlers, school age children, and adolescents. The workshops are two hours in length, are activity and discussion based and usually run as a six-week series.

Facilitators lead with the help of a manual, and parents receive an accompanying manual they can refer to during and after the workshop. EPIC also publishes a manual for teachers to use in their classrooms that teaches students about self-concept, responsible behavior and decision making. Until recently training was required to learn how to use the manual, however with the recent school funding cuts, EPIC now provides the manual to schools without a training requirement. Currently EPIC workshops are being given in 15 states throughout the country.

MegaSkills, Washington, D.C.
Program orientation: education—parent involvement
Primary methodology: teacher-led workshops for parents
Target age group: school-age
Director: Harriett Stone Hill
Contact: Dorothy Rich, Ed.D.
Phone: 202-466-3633

A school achievement program, MegaSkills is designed to teach parents how to help their school-age children develop the skills necessary for school and life success. Developed around a set of about 10 to 12 skills that have been identified as critical to success in life. A parent-involvement education program, the MegaSkills training is provided to teachers who then deliver the information to parents. Some evaluation has been conducted, however it is unclear how rigorous their methodology is. They claim to have "tested results" at school and at home.

PARENTING EDUCATION THROUGH THE HEALTH CARE SYSTEM

Brazelton Center for Infants and Parents, Children's Hospital, Boston, Massachusetts
Program orientation: health care—infant-parent program
Primary methodology: assessment of newborns by health practitioners
Target age group: Newborns and infants
BCIP administrator: Frances King Koch
Director: Edward Tronick
Contact: Sabrina Peterson, Secretary to Child Development Unit
Phone: 617-355-6948

Based on his 1992 best-seller, *Touchpoints: The Essential Reference*, T. Berry Brazelton is currently using his Neonatal Behavior Assessment Scale as the basis for a training program for health care professionals who work with newborns and parents. The mission of his Center for Infants and Parents is to "enhance the health and well-being of infants and their families." The training includes didactic and clinical components and is designed to train practitioners to administer the scale sensitively and fluidly with and without parents present, to observe and describe the newborn's behavior, to interpret the child's behavior, and clearly and helpfully communicate the information about the baby to the parents and professionals.

Philosophically, Brazelton's work is based on the value he sees in establishing meaningful, long-term relationships between health practitioners and families. Underlying all his work is the Touchpoints concept, which states that [illegible] of development and trying perio[illegible] that accompany children through [illegible] training teaches practitioners ho[illegible] establish a meaningful connection with parents during their child's infancy, with the goal of maintaining that relationship throughout the other "[illegible]" in the child's life.

The pilot training program for the Touchpoints effort began in the fall of 1995. Additional trainings are planned for 1996-97.

Bright Futures—Guidelines for Health Supervision of Infants, Children and Adolescents, Fairfax, Virginia
Program orientation: health care, family health care guidelines
Primary methodology: provision of information to health care professionals
Target age group: infants–adolescents
Project director: Meri McCoy Thompson
Phone: 703-524-7802

Sponsored by six public offices including the Maternal and Child Health Bureau and Medicaid, Bright Futures provides a "family-centered, community-based, culturally competent and comprehensive approach to health supervision. It outlines the components of preventive care critical to the health of all children, including those with special health needs." The program uses a soft-cover book, with warm colors, graphics and pictures of children of all ages. The book is structured to be easily accessible for professionals, divided by ages: infancy (0-12 months), early childhood (1-5 years), etc. Each chapter includes a developmental chart of that period of development, family preparation topics, the strengths and issues of the period, and then different things to focus on at regular visits throughout the years.

Like Brazelton's model, Bright Futures focuses on the relationship between the family and the practitioner. It represents a shift in traditional medicine from the medical model theory of practice to a family support model. Much less didactic, more relational in nature, the model integrates all the family support principles into the delivery of health care to families.

Bright Futures has been very successful in helping the key certifying bodies for the health care field (like the AMA and the AAP) to address the standards of practice. More than anything else, this accomplishment sets them apart. Interestingly, [illegible] Futures is largely unaware of the "family [illegible] movement and has little contact with the FRC.

O[illegible]grams

Birth [illegible]nd, Oregon: Minalee Sacks, director
East Bay [illegible]land, California

PROFESSI[illegible] ASSOCIATIONS

The Child Welfare [illegible] America
Washington, D.C.
Executive director: David Liederman
Contact: Marjorie Kopp, Librarian
Phone: 202-638-2952

One of the largest associations of organizations in the U.S., with over 800 diverse agency members (drawn from public and private sectors). CWLA serves as a key player in the shaping of public policy debate, a clearinghouse of information, a source of training and support, a sponsor of conferences and a major advocacy voice for the member agencies. Because of the strength of its membership, CWLA may be one of the more influential voices in the emerging parenting and family support field. It sends a newsletter (one of the oldest public policy analysis publications) to members and has a magazine, *Children's Voices*, for members and associate members.

FRC (Family Resource Coalition), Chicago, Illinois
Executive director: Virginia Mason
Founded in the mid-1980s.
Phone: 312-341-0900

Through publications, conferences and consultation, the FRC seeks to give a national voice to the family support movement. The coalition promotes communication among more than 2,500 programs, provides training and technical assistance, and disseminates information about family resource programs to policy makers and advocates at all levels of government on issues that affect families.

In 1991 the federal Department of Health and Human Services awarded a three-year grant of $1.2 million to FRC to establish a national resource center for family support programs. Since then the national center has created and now operates a national clearinghouse of information on family support. They have developed and are disseminating new materials for technical assistance, keeping track of new developments and state initiatives in family support and developing an electronic network to facilitate programs' communication with the national center and each other. Their "best practices" project, a nationwide effort to establish a set of core principles for practitioners, is due to be published in 1996.

The FRC is a leader in terms of services they are providing for family support programs, particularly in connecting programs and facilitating dialogues. However, they could greatly enhance their work through a greater degree of focus. Many complain that FRC is trying to be all things to all people. Recently they decided to downplay membership and see themselves serving a "constituency" of family support programs and workers.

The greatest service FRC currently provides is their work with city and state governments, advocating for and providing technical assistance to efforts to establish family support programs and principles in public programs.

NPIA (National Parenting Instructors Association)
(part of Center for the Improvement of Child Caring)
Executive director: Kerby Alvy, Ph.D.
Phone: 818-980-0903

Based in Studio City, California, the Center for the Improvement of Child Caring (CICC) was founded by Kerby Alvy in 1974 as a child abuse prevention tool. It has since become one of the largest providers of parenting classes, seminars and training for practitioners in the U.S. In 1992 Alvy developed the National Parenting Instructors Association (NPIA), the purpose of which is to serve as a network, convener and provider of communications and continuing education for its members. Promoted as a professional association for family support professionals, paraprofessionals and organizations.

Since 1994, NPIA has hosted three national conferences in the Los Angeles area. The conferences each drew about 300 participants (NPIA indicates its membership is 1,000) from a number of states, but the majority were from California.

Zero to Three National Center for Clinical Infant Programs (NCCIP), Washington, D.C.
Executive director: Matthew Melmed
Phone: 800-899-4301

This center is the only national nonprofit organization dedicated solely to improving the chances for healthy physical, cognitive and social development of infants, toddlers and their families. Established in 1977, Zero to Three is committed to

- Exercising leadership in communicating the importance of the first three years of life.
- Focusing attention on the quality of infants' and toddlers' major relationships and on children's day-to-day experiences within these relationships.
- Developing a broader understanding of how services for infants, toddlers and their families are to be provided.
- Promoting training in keeping with that understanding.

In 1990 NCCIP initiated the TASK project (Training Approaches for Skills and Knowledge). "This project identified key elements of training necessary for individuals to become competent infant/family practitioners" (Fenichel and Eggbeer, 1990). The report stresses that the effectiveness of programs "depends heavily on the competence of front-line and supervisory staff."

This organization is well respected by professionals throughout the family support movement. It exclusively serves practitioners working to support children under age three and their families, and thus its strength is at the same moment its limitation. They provide training and information for practitioners across disciplines and are soon to sponsor their 10th national training institute for professionals.

Zero to Three has a strong following among the clinical side of parenting education and family support. It is the preferred association for physicians and nurses, developmental specialists, etc. (in contrast to social workers at FRC or early-childhood educators at NAEYC).

American Association of Family and Consumer Sciences (AAFCS), Alexandria, Virginia
Executive director: Ann Chadwick
Phone: 703-706-4600

Formerly the American [illegible] ciation, the AAFCS is one of the o[illegible] es in America. In the words of [illegible] in 1909, the AAFCS is an organi[illegible] dedicated to improving the quality of [illegible] family life through p[illegible] that publis[illegible] findings, educate, influence public policy and disseminate information. Representing nearly 20,000 professionals in the family and consumer sciences, AAFCS members include elementary, secondary and postsecondary educators and administrators; cooperative extension agents; and other professionals in government, business and nonprofit sectors."

While this association is quite large, it does not directly serve professionals in the field of family support. Founded in 1909, the organization maintains a conservative bent with strong remnants of the old school of home economics.

National Association for the Education of Young Children (NAEYC), Washington, D.C.
Executive director: Marilyn Smith
Phone: 202-232-8777

NAEYC is the largest membership organization of early-childhood professionals. The association has two goals: to help improve the professional practice of early-childhood educators by providing opportunities and resources for professional growth and development, and to set and promote standards for professional practice. NAEYC also works to increase public understanding and support for high-quality programs for young children and their families through public policy initiatives and public education initiatives.

This organization has cornered the market of professionals responsible for the education of young children, namely day care providers, preschool and elementary school teachers. Their bimonthly publication, *Young Children*, is a prestigious journal that provides its readers with "the latest developments in early-childhood education, research, practice and theory." They do not however, serve other professionals within the field of family support—for example, home visitors, nurse practitioners or professional/paraprofessional parenting educators. While their services for child care professionals are commendable, solid and wide reaching (they maintain a network of more than 450 affiliate groups nationwide and overseas), there are many family support professionals that would gain nothing of particular value from joining this organization.

Family Service America, Inc. (FSA)
Washington, D.C.
[illegible]or Vice President: Ronald Fields
[illegible] Kimberly Smith, Policy Staff Assistant
[illegible]one: 202-347-1124

Founded in 1911, FSA is an international membership organization for nonprofit agencies that are dedicated to strengthening families. It is a network of nearly 300 agencies that represent community-based counseling and support organizations for families. FSA provides a range of support services to its members including technical assistance and consultation to help them create and improve services. They will assist agencies with strategic planning, networking with other similar agencies, setting up computer and software systems, etc. Their frequently used service, the Severson National Information Center, offers an electronic bulletin board service as well as reference and research materials on topics from services to families to management and administration. Through their International Training Center, FSA provides training and workshops throughout the year and around the county to all levels of personnel working in the family support field. They hold an annual five-day leadership training for executive directors new to the field, an annual conference in California for all family service practitioners, and ongoing workshops on "hot" topics of interest to professionals.

Their claim is that they can serve all kinds of family support agencies and the practitioners who work for them. They certainly have the breadth; what they lack is depth and focus. Currently parenting education is viewed as part-and-parcel of the field of family support. Therefore, FSA would probably claim that they provide the necessary services that parenting educators need. What is emerging today is that the field of parenting education needs recognition as a field in and of itself. What is needed is an association that will do the hard work of setting standards for the field, that will compare all the existing models, that will bring leaders in the field together to come to some consensus on how to most sensitively and effectively serve the diverse needs of parents, and how to train the growing body of professionals and essential paraprofessionals.

EXISTING ADVOCACY ORGANIZATIONS FOR PARENTS

Parent Action of Maryland: Baltimore, Maryland
Director of marketing and parent services: Helen Arminger
Phone: 410-727-3687

Parent Action was originally conceived by Dr. T. Berry Brazelton, Bernice Weissbourd and Susan DeConcini in 1989 as a national grassroots organization designed to address the concerns of parents and to advocate for them and their children. Based on the recommendations from Carnegie's National Commission on Children, it was originally envisioned as an "AARP for parents" with the Family and Medical Leave Act being the primary issue. They believed that without a strong body of parents lobbying for the bill, it would have no chance in Congress. In 1992, with the national organization struggling for members, the Maryland demonstration project was funded and worked in conjunction with the national until the bill was signed. Currently, there is no national organization; however, since 1992, Parent Action, Maryland, has grown from 900 to 5,000 members, with the focus of their efforts being to effectively lobby and impact legislation on the major concerns of parents throughout Maryland including violence in the media, handgun control, lowering closing costs on buying homes and higher-quality day care. Members pay $15 per year with the same fee for renewal and receive benefits such as a quarterly newsletter, information about organizations, programs, legislation and employment practices. They also provide a broad discount buying program and offer "Short Cuts"—information packets that address a wide variety of topics important to parents.

Parent Action is funded through government and foundation grants, membership dues and charitable contributions. With their current funding they employ a staff of four and are continuing to build a statewide organization. According to their director of marketing and parent services, they feel that the need for other statewide Parent Actions is there and believe that with the appropriate funding they would be able to replicate the Maryland organization in at least a half dozen other states relatively quickly.

National Parenting Association (NPA).
New York, New York
Executive director: Peggy Shiller
Phone: 212-362-7575

Founded in 1993 by author and child advocate, Sylvia Ann Hewlett, the National Parenting Association (NPA) is a membership organization committed to supporting parents and giving them a voice. According to their literature, "The NPA is a national nonprofit membership organization committed to building a family-friendly America. It is an organization created by parents, for parents and others who care about children." While AARP was the original model, with the aim of creating a similar kind of advocacy, education and support organization for parents, the focus of their work has shifted to addressing the problem of violence and youth safety. They have recently developed a task force specifically designed to see what action can be taken on behalf of parents and children related to this issue. Hewlett acts as the main promoter of the organization, recruiting members as she travels around the country speaking mainly on the issue of child neglect.

The majority of NPA's members reside in New York, where there is an office staffed by two full-time employees, and in Minnesota, where a second office houses the executive director. Funders, who support mainly the violence task force, include Arron Diamond Foundation, Mott, R. W. Johnson, and McKnight. Membership fees are $12 per year and according to their brochure, benefits include

- A toll-free help line that provides information on dependent care and other NPA services.
- Medical, dental, home and care insurance at competitive rates (not available in all states).
- Direct mail pharmacy that brings medications to your door.
- An NPA magazine to address topics of urgent concern to parents.
- Discounts on selected books and magazines.

While the NPA calls itself national, its membership is almost exclusively limited to New York, Minnesota and a smattering of other places where Hewlett has spoken and recruited members.

National Parents' Day Coalition,
Washington, D.C.
President: Belinda Rollins
Contact: Gary Roberts
Phone: 202-530-0849

On October 14, 1994, President Bill Clinton signed into law a bill, unanimously adopted in both the House and Senate, to establish a day of commemoration for parents. A National Parents' [illegible] was established along with an [illegible] committee. Together they hosted National Parents' Day, which began on Friday, July 21, 1995, with a prayer breakfast. Festivities continued on Saturday with a family picnic and children's festival with entertainment, activities and demonstrations. On Sunday the event was concluded with a national awards ceremony and reception where eight exemplary organizations were recognized for their work in strengthening and encouraging the role of parents. In order to forward the work of Parents' Day throughout the year, a National Parents' Day Foundation was established. "Among other things, the foundation will serve the other parent/family organizations already in existence, develop a clearinghouse for material, encourage the national recognition of Parents' Day each year and provide a speakers bureau of experts on related themes."

Chapter 11

PARENTING EDUCATION AND FATHERS

While parenting education is theoretically designed for both mothers and fathers, the fact is that the vast majority of programs (80%–85%) reviewed and visited for this study served mostly women. Program administrators generally agree that meeting the needs of and serving fathers is of significant concern, but only a handful of programs have adapted or designed their programs so they appeal to and address the needs of men. This is partly due to society's expectation that women are—and will be—the primary caregivers and nurturers of children. This—despite growing interest in the role of fathers—remains the predominant atmosphere in which parenting education programs exist.

The importance and value of fathers' involvement has been documented by extensive research, however. Studies show that warm and nurturing relationships with fathers result in significant benefits for children, including positive sex-role development, better social adjustment, improved cognitive development and higher academic achievement. Rosen (1985) found father-son interaction to be the single most important variable explaining delinquency of African American boys. As a result of these and other findings, the trend toward creating and promoting new ways to involve fathers is well under way. While some programs have been quite successful, others continue to struggle, and still others have no idea where to begin. The following is an overview of some of the major issues surrounding fathering programs. It includes concerns and obstacles for programs, features necessary for success, highlights of the national initiatives dedicated to changing the image and role of fathers, and a list of a few model programs.

CONCERNS FOR PROGRAMS

Safety for Mothers and Children

Programs designed for "families" often, in reality, serve mothers (who, especially in low-income communities, are often single parents). Many of these women are estranged from the fathers of their children; they may have been victims of violence or abuse and have fears of their children being abused. They may have been abandoned by their own fathers and have concerns about their children becoming overly attached to a man who might repeat the cycle. Fathers or boyfriends may have a history of incarceration, or for other reasons the mothers may not want to support a relationship between the children and significant men in their lives. (In a recent study of homicides of children in Philadelphia, it was found that children are more likely to be abused or murdered by their mothers' boyfriends acting as baby-sitters than by any other caretaker.) It is important that women feel safe, and programs must ensure this safety and respect the desires of women to maintain their independence. These realities can stand as significant barriers to efforts targeted at fathers. It must also be acknowledged that there are many fathers and other men who are eager to play a role in the lives of children, but who are stereotyped as the "bad man" and as a result are unable to reach out to the children as they would like.

Resistance from Mothers

Some women experience mothering as their principal role, and still feel that child rearing is the woman's job. Male involvement can be perceived as a threat to a mother's identity and to her relationship with their child. As a result, they can—consciously or unconsciously—resist the presence of males. Thus, fathers and other men may receive direct or indirect messages that they are not welcome and may respond by keeping themselves at a distance from the very agencies and programs seeking to attract them.

Atmosphere

Many programs that have attempted to integrate men have recognized that the "atmosphere" changes. Men bring new energy that may not fit with the feeling that is created by women and children alone, and staff can be uncertain how to work with the change. There are social issues to contend with as well, especially for programs that serve teenage parents. A new set of rules may be necessary, and staff must be attuned to and watchful of inappropriate behavior.

Staff

If a program is to appeal to men, there must be male staff who can serve as role models and mentors to the fathers who attend. Many programs have difficulty finding qualified men to hire, and the attrition rate tends to be high. This may be in part due to the fact that the majority of family support agencies are administered and staffed by women. Generally speaking, men tend not to feel comfortable in the "female world" of young children.

Program Design

Programs committed to involving men have recognized that the activities that appeal to men are quite different from those that draw women—at least initially—and have adapted their programs accordingly. Family support programs are often nontraditional and non-hierarchical in design—something that can be threatening to men who have traditional male expectations. Some programs have found that coed classes don't work as well as separate groups for men and women, and have made the necessary accommodations.

Systemic/Policy Issues

It must not be overlooked that the welfare system has historically acted—and in many cases still does act—as a deterrent to male involvement with their families. Welfare, public housing and other entitlement programs penalize women if a father is present, and women often find themselves ineligible for services if there is a man in the home. While the government is slowly recognizing the need to encourage fathers' presence in their children's lives, the system has been slow to adapt its policies accordingly.

FEATURES AND EXAMPLES OF MODEL PROGRAMS

Male-Involvement Specialists

The programs that are most successful in integrating men have male-involvement specialists who dedicate their time to addressing the needs and interests of men. They recruit, train and reward male staff and work to create an atmosphere that is supportive and empowering for men.

Atmosphere

Just as it is important for women to feel safe, it is equally important, if a program is going to successfully serve men, that they feel safe and valued as well. Model programs have created special activities that appeal to men, have changed the decor to make the colors more neutral, regularly post pictures of fathers and their children, and encourage men to participate as equal partners in raising their children.

Expectations

Programs that expect men to be involved find they have more men participating. The letters they send go to both parents, even when they don't live in the same home. They consistently and repeatedly invite fathers to all agency-sponsored programs, parties or events, and they set aside at least Father's Day to honor fathers.

NATIONAL PROGRAMS

National Fatherhood Initiative

Founded in 1994 by Don Eberly and Wade Horn, Ph.D., "the vision of [the initiative] is to give birth to a society-wide social movement to renew fatherhood." Designed as a public service campaign, the initiative aims to modify the attitudes and behaviors of individuals, especially young men, and to reverse the "harmful trend" of father absence. They seek to encourage fathers to invest the time, commitment and responsibility that they believe good fathering requires. In October 1994 the group sponsored the first National Summit on Fatherhood, which was publicly supported by nine civic groups and attended by more than 250 key leaders.

The National Center on Fathers and Families

Established in 1994 and housed at the University of Pennsylvania, NCOFF is a national research center whose mission is to "improve the life chances of children and the efficacy of families by facilitating the effective involvement of fathers." NCOFF's vision is to build the field, bringing together stakeholders in efforts for fathers and families. They operate from seven "core learnings" including "...young fathers and mothers need additional support to develop the vital skills to share the responsibility for parenting." NCOFF organizes its work through three interdependent approaches: program development, policy research and dissemination activities.

NCOFF published a comprehensive database on fathers in late 1995: "Fathers' Care Database: Abstracts, Annotations and Citations."

The Fatherhood Project

James Levine, whose career working with young children began as a preschool teacher in Oakland, California, founded the Fatherhood Project in 1981 at the Bank Street College of Education. Relocated to The Families and Work Institute of New York in 1981, he and his colleagues have been "examining the future of fatherhood, and looking for innovative ways to support the involvement of men in the education and care of children." He is a leading researcher and supporter of fathers in the family support movement.

National Center for Fathering

Founded by family research scholar, Ken Canfield, the center is "the foremost research, training and service organization for fathers in America." The center is establishing partnerships with local organizations throughout the country to assist them with the training of their personnel to work with fathers, and provides ongoing support to ensure that local fathers benefit from the services they have to offer, including a radio program, a Father of the Year essay contest and research. They have also developed a curriculum to address the special challenges faced by African American fathers.

The Parent Child Center

The Parent Child Center in Middlebury, Vermont, created a program called Dad's Detailing. Designed as a job-training program, young men operate an on-site care refurbishing business, and in conjunction attend parent education workshops, support groups and eventually participate in child care and maintenance work at the center. The men earn $1 an hour for any work they do, an important source of income that does not affect their welfare check.

Avance

Avance, which we have noted as one of the exemplary parenting programs, began to integrate men after focusing on mothers for its first 15 years. In 1987 the administration began to recognize that while they were supporting women and children in growing and moving forward in their lives, most of the fathers were being left behind. Avance serves primarily Latinos, a culture that places great emphasis on the male as the head of the household. In many cases the fathers were being kicked out of the home so the women could receive welfare benefits and then, through Avance, the mothers were going on to earn GEDs and live productive lives. Many of the fathers, their self-esteem destroyed, were turning to violence and drugs. Avance recognized the need and developed programs for men that provide support groups, home visits, GED classes, and outings for fathers and their kids. At this time Avance serves 4,000 individuals each year many of whom are male.

Other Programs and Resources

ECFE, the Minnesota state program; Parent Services Project in San Francisco; and Parents as Teachers are programs we have highlighted elsewhere in this investigation. All have made significant efforts and achieved notable success in providing specialized services for men and in creating programs that are "father friendly." What is clear is that when the program addresses and meets the special interests and needs of men, they respond with consistent participation and enthusiasm.

Getting Men Involved

A book, written by James Levine, founder of the Fatherhood Project, and Published by Scholastic, Inc., provides worksheets designed to help agencies assess how well they are doing in the process of integrating men. It gives specific strategies for ways to achieve this goal. The book includes descriptions of 13 model programs that have been particularly successful in attracting and serving fathers (defined as any significant male in a child's life).

Chapter 12

PARENT LEADERSHIP AND ADVOCACY TRAINING PROGRAMS

The family support movement has consistently called for "empowerment" of families and the inclusion of a broader range of stakeholders in decision-making processes that affect their lives (Weissbourd, Kagan, Cochran, Weiss, and others). As systems become more open to this kind of thinking, parents are finding themselves in roles that they have desired but are little prepared to carry (Howard, 1994). School boards, community leadership groups, advisory panels and others are all opening to parent involvement, but the parents are often insecure and poorly trained for this responsibility. As a result there is a potential for multifaceted failure: parents will be overwhelmed and withdraw from this new opportunity; traditional powerholders will have their cynicism confirmed and redouble their resistance; and, sadly, the promise of this new approach will never be fully realized.

Another dimension of this issue needs to be addressed as well. Parents who do not yet have a voice in shaping the decisions that impact their children and families must be prepared to advocate for their needs and interests. The most effective place for this to happen is within their own communities and the institutions that are closest to them (schools, hospitals, clinics, social service agencies, etc.). More and more parenting programs are beginning to include leadership training for parents. We found this to be a positive development and wanted to offer a brief review of the efforts that are currently under way.

This trend can be seen most clearly in efforts to increase parent involvement in education. A growing body of evidence—now more than 50 studies—links parent involvement with student achievement (Henderson, 1994), suggesting that it may be the single most important factor. A significant dimension of this involvement can be seen in areas where parents participate in school decision making. A number of researchers (Epstein, Swapp, Comer, and others) have identified a continuum of parent involvement which, at its highest level, sees parents fully involved in policy making in the schools.

The other side of the empowerment issue has also generated a need for training and support, namely, the impact these new approaches are having on professionals who work with parents and the challenges they present to traditional parent/professional interactions (see Hobbs et al., *Strengthening Families*, 1984). The shift to "family-centered care" can be threatening to many professionals, especially when they are called upon to involve parents in the development of care plans and to share records and notes with families.

Finally, we note that in recent years a number of advocacy groups have emerged, many of a local grassroots nature, but all aspiring to have a widespread impact. A common model for them has been the American Association of Retired Persons (AARP). To date these groups have seen only limited success, but the potential of an "AARP for parents" seems enormous. Long-term funding is a key issue.

As a result of these new needs and opportunities, a number of family support organizations have developed training programs for both parents and professionals with the goal of helping them develop skills to work together, to advocate for themselves and children and to provide services in keeping with family support philosophy. The following is a summary of some of the programs currently addressing this issue.

The Institute for Parent-Professional Partnerships
Author/Designer: Mimi Howard
Target audience: training for professionals and low-income parents
Phone: 303-820-5633

The conceptual framework on which this organization was founded was that both parents, and professionals who work with families, are inundated by and frustrated with the demands placed on them by the systems within which they operate. The original design was predicated on the belief that "if positive outcomes for children are to occur, parents must be an integral part of any planning and decision-making process." The goal of the agency's work is to train parents and professionals to be more effective in advocating for themselves and the children who depend on them. The organization provides four types of trainings: (1) For professionals, to help them build effective working relationships with parents. (2) Parent leadership, for parents to develop skills in communication and conflict resolution, critical thinking, accessing resources, etc.—basically to help parents develop the skills they need to be better advocates for themselves and their children. (3) Community advocacy, for parents who want to advocate for other parents and for their communities. (4) Facilitative leadership, for parents who want to lead others into the advocacy process. At this level parents are trained how to begin community action groups, facilitate groups, etc.

Parent Action of Maryland, Baltimore, Maryland
Contact: Helen Arminger
Target audience: parents and professionals seeking to be better advocates
Phone: 410-727-3687

Parent Action, a membership organization for parents (see Review of Programs) has cosponsored one-day trainings for parents, educators, volunteers, PTA members and other concerned citizens to develop the skills necessary to be effective advocates for children, families and the community.

The Right Question, Massachusetts
Contact: Dan Rothstein
Target audience: parents
Phone: 617-628-4070

This program was designed to assist parents in asking the right questions regarding their children's schooling. "The ultimate goal is to get parents more involved in their children's education by breaking down the barriers between schools, teachers, administrators, etc., and parents." The project offers training in the strategy they promote, which seeks to empower parents by teaching them how to focus on the right areas of their children's educational experience. In addition, it trains parents to facilitate the workshops in their own communities. Its claim is that "The Right Question project strategy is effective for engaging all parents, regardless of literacy level or educational background."

Parent Leadership Institute, California
Contact: Patty Wipfler
Target: parents, all income levels
Phone: 415-424-8687

This institute, which is basically one woman, offers workshops to parents and to child care providers and nursery school teachers. The focus of Wipfler's work is on teaching basic listening and leadership skills. Her workshops are normally a full day and are sometimes provided as in-service training in professional settings. There is a full-day leadership training directed to parents who have already demonstrated leadership potential. The emphasis is on how to lead a good support group, how to lead a good parents organization, etc. Wipfler operates independently, but has trained others to do institute workshops on a fee-for-service basis. The institute is a nonprofit organization; fees range from $500 for a one-day workshop to $1,000 for a weekend, plus expenses.

National Resource Center on Family Based Services, Iowa
Contact: University of Iowa School of Social Work
Target: professionals in family-centered care services
Phone: 319-335-2200

The center provides technical assistance, staff training, research, and information on family-based programs for public and private human services agencies at the state, county and community levels. The primary objective of the center's work is the development of innovative and high-quality family support, family development, and family preservation services across the United States.

Parents As Counselors and Teachers
Contact: Dr. Gwen Brown
Target: parents, with a special focus on low-income families
Phone: 302-831-4110

The mission is to create support groups for parents with similar needs, provide them with information about child development, and empower them to advocate for themselves. They also train parents to lead groups. In addition they sponsor a program to train trainers—child care providers, teachers, and social service professionals share experiences about doing their work and about what they find to be most successful. They discuss how to set up support groups, find key people, and how to keep them going.

Parents United for Child Care, Boston, Massachusetts
Contact: Elain Fersh/Christine Poff
Target: low- and moderate-income parents
Phone: 617-426-8288

Workshops for parents—mostly on how to advocate for quality, affordable and accessible child care programs. They focus on the legislative process as well as child care center and state bureaucracy.

Parent Leadership Institute of the Connecticut Commission on Children
Contact: Stacy Leeds/Elaine Zimmerman
Target: parents who have demonstrated some leadership potential
Phone: 203-566-1280

Training for parents interested in becoming "agents of change." Teaches how change happens, how various systems work, how to work with the media, and how to do public speaking. Works with parents to help them start action groups in their communities.

Center for the Study of Parent Involvement
Contact: Dan Safran
Target: groups interested in the political/psychological aspects of parenting
Phone: 510-254-4870

More for educators than parents. Created in 1973, the center serves as a national information clearinghouse and provides training and technical assistance to educators and community leaders. Works to strengthen the relationship between home and school.

Center for the Improvement for Child Caring, National Parenting Instructor Program, California
Contact: Henry Spala
Target: Training of parenting instructors
Phone: 1-800-325-2422

One-day seminars available through private contracts and open enrollment. Offers training for paraprofessionals and professionals in such programs as Confident Parenting, Effective Black Parenting and Los Niños Bien Educados.

Chapter 13

CONCLUSIONS

The purpose of this investigation was to assess the state of parenting education in the United States, explore the risks and opportunities therein, and offer our conclusions to the Trusts. As this monograph indicates, the field is large, complex and growing rapidly—all of which make an assessment more difficult to accomplish. That is why a significant portion of our efforts were focused on defining and categorizing what we observed.

In each chapter we have tried to offer a degree of analysis and in some, like those on training and evaluation, we included specific conclusions and recommendations in the chapter itself because of our sense of the depth of the need.

What follows are the general conclusions we have drawn from the investigation. In some instances, what is presented here can be found in the individual chapters. However, many of these conclusions are statements we feel represent the import of the entire effort and thus cannot be found elsewhere.

THERE IS MUCH TO CELEBRATE

Parenting education is making a difference for tens of thousands of families across the country. It is enabling parents and caregivers to maximize what they have to give to their children in a time when traditional support systems have all but disappeared. The vision of universal parenting education to support all parents is no longer a naive dream. It is a fast-approaching reality.

The field of parenting education is still young and has many critical growth issues to address, but, with a few exceptions, it is demonstrating the energy, capacity and commitment to handle them. In general we would say that parenting education is in a good place and it is "growing up nicely, thank you."

The many intellectual and practical "parents" of this movement deserve credit for what they have been able to accomplish. The evolution of the notion of parent support and education has been remarkable, growing from a handful of advocates and small informal groups of parents to what are now major multimillion-dollar programs with an impact on state and national policy makers, from individual books and monographs to syndicated television shows, a dozen national magazines and gophers sites on the Internet. In the end, however, the single most critical element that has laid the foundation for success in this field seems to be those programs and services that were able to empower parents to help each other in local communities.

THE FAMILY SUPPORT MOVEMENT IS HERE TO STAY AND HAS MUCH TO OFFER

The emergence of the family support movement has begun to change dramatically the way in which parenting education and other services for families are offered. It is reorienting the principles, paradigms and practices that shape the work of tens of thousands of professionals, paraprofessionals and volunteers who work with families.

This is a community-based, family-centered approach that seeks to build on strengths and appreciate the diversity of families. The word "approach" is used intentionally—rather than "model"—to emphasize that family support is more an amalgam of theories and principles that share a comprehensive ecological orientation. Its growing impact on policy makers at all levels of government cannot be underestimated. While there may be no more than 10% to 20% of programs that are currently "in sync" with a family support approach (and of these not all can be said to be in total adherence), it is our prediction that this number will more than double in the next three years, regardless of the changes in Washington and politics generally. Primarily, this is true because so many key decision makers, within and outside government, seem to have been "converted" to this new way of thinking. Then too, many of the family support principles are easily embraced in a political atmosphere that stresses decentralization of government, block grants and local control. The threat comes more from funding issues (see below), and less from this changing orientation of how work with families needs to be done.

To be sure, family support—even more than parenting education—has a great deal to prove. Outcome evidence is in short supply. The number of programs that are truly practicing a family support approach is small and the evidence is hard to extract. It is also true that family support is basically a "promotional" approach and, to some degree, a "preventional" one. Many programs and services for families—especially those families with multiple and complex needs—must be interventionary in approach. There are times when the traditional "medical" model is not only appropriate, it is necessary.

We anticipate that as the family support movement matures, there will come to be a general commitment to policies and programs that have these principles as their basic orientation. Interventionary services will be seen as a necessary but no longer leading partner in the array of services. We envision a major effort to integrate family support principles—like family-centered care—into the health care and social service fields, leading to a reshaping of the nature of care for children and families. What family support brings is a more sophisticated and empowering way of dealing with families. It will never represent the full continuum of services to families, but it will shape the definitions and reference points for the field.

We find the metaphor of "converting the mainland" helpful in describing what is happening in this arena. It has been suggested that this new approach, developed "out on the islands" and after a period of building bridges to strengthen themselves, is now in the process of a serious "missionary" effort to reach the established mainland of traditional services for children and families. Time and again we were impressed by the expanding reach of this new mind-set (even into some of the highest levels of federal and state government).

As this process advances, parenting education will advance with it. Of the most often-employed family support activities, parenting education and child care may represent 50% of the total.

The object of funding support in the field of parenting education ought to be those programs and activities that embrace family support principles. Or, in other words, the goal ought to be to expand the shaded area in Graphic No. 1, "The Relationship Between Parenting Education Programs and Services for Children and Families."

REASONS FOR CAUTION AND CONCERN

Parenting education is still an immature practice that is only beginning to wrestle with the more serious dimensions of what it is about. The potential of what it can accomplish is enormous and there are promising reports of early successes. There are also signs of weakness: staff who are poorly trained and supported for the level of responsibility they carry; claims of dramatic results from meager evidence; models being changed and adapted with little attention to quality control; well-meaning, but naive "do-gooders" involved in situations where they have no business being; religiously motivated zealots who use their faith to justify punitive and near-abusive practices.

Early on, the inclusiveness of the movement enabled it to grow, but that breadth may now be one of its greatest threats. Anybody armed with a few popular books and videotapes can get into the practice of parenting education, which is good news for the promotion of the idea but bad news for anyone concerned about consistency and quality. There are literally thousands of instances of this happening.

The field is much bigger and more complex than many people realize. Many analysts and most practitioners tend to have a limited view of the world of parenting education. Few are aware of more than 25% of the entire universe of those involved in parenting education. We estimate that there are in excess of 50,000 parenting programs in the U.S., and we have attempted to show that they function in at least eight different constellations. While there are many levels of cooperation and collaboration among these constellations, the more common reality is that they function in virtual isolation from one another, yet regularly seek to serve the same population. Often we found ourselves using the phrase "they think they discovered fire" to describe dozens of programs and designers.

Interest in parenting—and, relatedly, family support—is sweeping the country like a tidal wave. The good news is that we are on the verge of getting a sea change in public opinion about the importance of parenting. The bad news is that we are on the verge of getting a sea change of public opinion on parenting. Public acceptance of the need for support for parenting a child is critical to breaking down the barriers of insecurity and guilt, and, on the promotional side, to the spread of quality information. However, as Oprah, CNN and Hollywood get into the act, there is a serious question as to who will be providing the information and support to all the parents who respond to their shows. Who will set the standards and help parents differentiate one program from another or one well-publicized author from another?

The two areas where this "overexposure" is the greatest are national television and the expanding interest of managed health care. The desire of the former to oversimplify, feature extremes or stress entertainment value is well-known. The desire of the latter is to often emphasize marketing (new enrollment and renewals) over outcomes. Both are risks, but both are opportunities. It remains to be seen which will prevail.

We have been successful in generating a great deal of material on parenting, but our understanding of the comparative value of that material lags behind. We are long on inventory and short on analysis. This reality plagues the field and stands as a central issue as parenting becomes more "popular."

There is a tendency to think that if we can just do a better job at parenting all of the major social issues of the day will disappear. Violence, for instance, has far more to do with poverty than it has to do with child rearing. Anyone who works in this field must never lose sight of this reality.

POTENTIAL FOR BACKLASH AND CO-OPTING

There is, of course, always a backlash waiting to strike. Generally, the critics of parenting education and family support tend to set up a "straw man" to knock down. These folks create a cartoon of an intrusive, mandated program that attempts to force parents to change the way they raise their children. Such a picture is many miles away from current practice, and once the disparity is revealed the resistance usually wanes; but it is nonetheless real (Phyllis Schlafly, for instance, has led a personal crusade against "state-mandated home visitation programs," calling them "communist," and has had a major negative impact in the state of Illinois).

A genuine risk in the opposite direction—but with the same constituency—is that the effort could be co-opted by the religious right under the guise of "family values." It is worthy of note that there are already strong players in the parenting field from these communities. However, it is our observation that this situation is not so much a threat as it is reflective of the breadth of interest and support for parenting programs. It is inevitable that groups of very different stripes will be involved. And, as there is so much about parenting that is noncontroversial (e. g., child development), quality programs ought to flourish anywhere. The true controversy develops in areas of deep personal belief (or those that are framed to be so), like discipline and spanking or in those areas that are co-opted by individuals and groups with strong political or social agendas.

In both cases, the lack of an established infrastructure and a national consensus makes parenting education vulnerable to attack and compromise.

NEED TO GROW ROOTS

The most apt metaphor for the current state of parenting education in the U.S. is probably that of a young verdant tree with a large spread of branches and leaves that is threatened by a less visible but critically shallow root system. Parenting education does not need to grow more branches, it needs to dig deeper roots. In other words, there are plenty of programs and models (if anything, there are too many). What's missing is the infrastructure, standards, discipline, training and research that will help parenting education deliver on its promise, and, as we have shown, protect it from being co-opted.

Failure to tend to these issues could lead to the tree toppling under the weight of its own success. With the rapid growth of the number and popularity of parenting programs, expectations are rising commensurately. Failure to deliver could lead to unequally rapid withdrawal of support and the reduction of parenting education to a passing fad.

THE INTERDISCIPLINARY CHALLENGES

One of the assets of parenting education is that it is built on insight and support from at least four different disciplines (education, health care, human service and mental health). It also gathers secondary material from dozens of other subject areas. The pragmatic nature of meeting parents needs (which can move between disciplines and subjects from moment to moment, and child to child) causes front-line practitioners to cross these boundaries regularly; but the theories, designers and authorities upon which parenting progra[illegible] do not cross these boundaries as easily. For example, doctors and nurses who are involved in parenting issues are not usually in regular dialogue with educators or social workers or psychologists. They may cooperate, but they rarely collaborate.

Parenting education is a cross-disciplinary exercise that still needs to establish a common language and conceptual framework that can be embraced by each of those disciplines. Mutual respect for what the other disciplines offer parents is only just beginning. A dialogue among fields allied in parenting education is overdue. They may not create a "Rosetta stone," but the metaphor is appropriate.

The few genuine collaborative designs that are under way are pioneering new territory and deserve close attention and support. In places like Boston; Chicago; Detroit; Washington, D.C.; Hampton, Virginia; and Atlanta, important work is being done.

RESEARCH AND EVALUATION

The short statement is that while evidence of the effectiveness of parenting education does exist, it is in short supply, and the conclusions one can draw from these studies are limited. What we have is a demonstration of great promise and some encouraging early results. What we do not have is definitive long-term outcome studies.

Although a handful of programs have taken the issue of evaluation seriously, most have not. Those that have are seeing that it usually opens the door to replication and growth. Those that have not usually fall into two categories: the programs that would like to have serious studies but can't afford them and the programs that simply don't understand the value of such activity.

The problems that underlie this state of affairs are as follows:

- The place and value of evaluation is not well understood.
- The money that has been invested in research and evaluation has been haphazard and sometimes off target (programs of average value get large dollars for evaluation which, in turn, enables them to get bigger, while programs of high quality may be overlooked or don't ask).
- Existing evaluation tools may not be effective in measuring what parenting education and family support does.
- The number of evaluators who focus on parenting and family support is limited.
- The evidence we do have is not being shared and promoted as effectively is it could be.
- Data collection, a basic and relatively simple activity, is missing from most programs.
- Evaluation and research are perceived as activities one undertakes to please funders, not to improve programming.
- Program staff at all levels do not appreciate the need for reflection in developing good practices.

MULTICULTURALISM

As in society generally, the issue of cultural differences is of no small consequence for parenting education. Most programs and practitioners readily acknowledge these differences and all are regularly confronted by them, but the field is only beginning to deal with the dimensions of race and culture.

On the one hand there is a genuine desire to affirm and operationalize the commonalities of all children and parents, regardless of race, culture or circumstance. A large effort is under way to make books, materials and other resources inclusive for use within a multicultural society. While some lag behind, a majority of programs and practitioners seem committed to addressing these issues. The challenge will be finding the resources and leadership to help them follow through in a way that results in lasting change.

On the other hand there is a palpable concern about the limited number of materials that are available for families of varied cultural backgrounds. Most common are the materials that have been prepared for African Americans and Hispanics, followed in much smaller numbers by those for Native Americans and Asian Americans (particularly Hmong). Of these there is a difference between those that were developed primarily for white audiences and then adapted for different cultures and those that were developed within a particular culture.

The single largest issue of debate is whether or not to advance programs and materials that are culturally specific as opposed to those that are culturally sensitive. The advantage of the former is that the programs affirm and enable the promotion of the unique perspectives, values and traditions of a particular group. The disadvantage is the risk of "cultural balkanization," or the isolation of a group because of its uniqueness. The latter, a newer approach, offers the asset of affirming differences and seeks to develop a "cross-cultural competency" in both staff and families. Its risk, of course, is the potential misuse by a "one-size-fits-all" practice.

An important impact of multiculturalism on parenting education is in the area of staffing. The development of staff cultural competency is critical, but there are many unresolved questions in regard to what level of preparation one needs in order to be judged "competent." The unspoken assumption is that a practitioner must be of a particular group to be effective with families in that group, but this is a financial and practical difficulty for many programs. It also feeds on a balkanizing mind-set (black staff are necessary to work with black families, Hispanic staff to work with Hispanic families, etc.). Regularly we encountered a desire to have more culturally diverse staff and, secondarily, to enable existing staff to have more sophisticated skills. However, the resources needed for these efforts are significantly limited, apart from those programs whose design enabled them to recruit and train community members wherever they were active.

The issue of programmatic infrastructure must be addressed as well. The farther one travels up the decision-making ladder in the field of parenting education the whiter the population gets, both on the staff and board levels. This results in people making financial and programmatic choices that affect populations of which they are only remotely aware. Directors of programs and board members need significant assistance in addressing these issues.

Finally, as one considers the ramifications of these issues for training, the reality is that there are remarkably few places in which persons of diverse culture are being recruited, trained and supported for work with parents in their own and other communities. At the professional pre-service level, most of the institutions that are developing training programs are those that often serve a more middle-class white student population. The historic black colleges and universities are not yet involved to the degree that they should be.

LEADERSHIP: CHANGING THE GUARD

Parenting education has many parents and the birth process has taken more than a generation. One of the more difficult realities the field faces is that these first parents—the true pioneers—are all now retiring or, in a few cases, have died. Of the list of seminal thinkers and organizational founders almost a majority are in their sixties or seventies. It is also true that a large number of programs that are active today were begun in the late 1970s and early 1980s, and many of their founders are now ready to move on (natural attrition, burnout, etc.). In some cases it is not clear who their successors will be, and in others, where new people have been named, what the comparative impact of these new leaders will be.

This "changing of the guard" is a normal but critical transition in the life of an organization. Programs and activities that were generated by a single charismatic individual may not be sustainable by someone of a different skill set. Thus, each program that is subject to this change will experience some kind of reorienting, and we suspect that some will either go out of business or end up merged with another organization.

The field itself is so young that there is no one person who is the elected, appointed or even de facto national leader. There is a short list of recognized leaders (Brazelton, Leach, Weissbourd, Gallinsky, etc.), and there are informal groups of organizations and individuals emerging to offer leadership (e.g., Ten Friends of the Field), but none enjoys broad acceptance. There are also, predictably, a few self-promoters who are working overtime to establish themselves as "the leader." In part, this vacuum is to be expected in a field that stresses community-based work, but as the field gains in national prominence there is a need for a recognized—and widely supported—spokesperson(s). It is not at all clear who this person will be or how he or she might be chosen. The risk is that someone will emerge who does not represent the breadth of the field, is more interested in self-promotion than advancing the cause, and who, therefore, might do more harm than good.

There are, of course, other kinds of leadership, and parenting education has its share. The large organizations (PAT, HIPPY, MELD, Healthy Start, Avance, CICC, etc.) have played an important role in shaping the national debate, and their executives are often looked to as opinion leaders. In most cases, these individuals have risen to the occasion with grace and offered the kind of advice and direction parenting education needed. However, a few of these people were/are leaders of programs they founded a decade or more ago when they were social workers or teachers. Today they find themselves atop multi-million-dollar programs and are looked to for sharp business skills and national leadership (roles they did not necessarily seek). Their impact, however, is probably greater because of what they have been able to accomplish with their own organizations over the years, than for their managerial skills. This role tension will need to be resolved before these organizations can "move to the next level."

The large organizations are maturing and have a number of issues in common. Foremost among these is that they are now all making major commitments to marketing their models. The challenge is, having successfully crossed the many hurdles necessary to achieve success, how can they now "go to scale" and impact entire systems? And with this shift comes a requirement for more sophistication and a bit of competition (a degree of sibling rivalry that they all eschew but nonetheless are forced into). Early on the field had the opportunity to "let a thousand flowers bloom," but we are at the stage where there may in fact be too many programs, and rather than compete, some will need to join forces. A few of the models have begun to explore how their programs can complement one another and work together. This needs to be encouraged, as the whole field will benefit. It remains to be seen though whether the organizations that have led the parenting education evolution in the past decade will continue to lead or whether other emerging organizations will supplant them.

Joining these groups are the researchers, authors and center directors, who by the quantity and quality of their work are advancing a better understanding of how best to meet the varied needs of parents. Six or seven researchers, 20 leading authors, and about two dozen directors make up the core of this group. The work of these individuals is quieter, but of great value. It is their findings that document the field's successes and failures and it is *their* publications that promote the accomplishment and needs of the field.

A few of the national bodies are also having an important leadership impact. Of these we *believe* the Family Resource Coalition (FRC), Zero to Three (0-3) and the National Association for the Education of Young Children (NAEYC) are setting the pace for the field—each within its own area. Different segments of the field look to these three primarily (and three or four others to a lesser degree) to facilitate communication and promote best practice. State programs like Minnesota's ECFE and Kentucky's KERA are also important voices for the field.

In all, there are probably a dozen organizations and in excess of 35 individuals who have a role in leading the field of parenting education. Some are in regular dialogue (formal and informal), but many are not. More of them are focused more on the broader issue of family support than on parenting education. But the reality is that for the average parenting educator or program manager there is no one person or organization they would name as their source of national leadership or their spokesperson.

Underlying this status report on leadership in the field of parenting education is a serious issue of how the field will prepare the next generation of leaders. The corollary of this concern is how we will nurture the nurturers. There is no accepted means for preparing leadership in the field; it is all quite informal. Of even greater concern is the support we offer to front-line practitioners. One of the last things to develop in a new field is the nurturing mechanism for staff. There are no national conventions, seminars, award ceremonies or retreat centers for parenting educators.

TRAINING AND CORE COMPETENCIES

In this report we have attempted to detail a major need for the field of parenting education, namely the training and support of practitioners. There are in existence both pre-service and in-service training programs, but for the most part this activity is still in its infancy. No more than five or six colleges in the U.S. have any kind of pre-service training for parenting education, and of those that do only one is more than five years old. The in-service training programs are usually limited to training for the use of a particular model, but 10 to 12 organizations are launching non-model training services.

The majority of people who practice parenting education in the U.S. are professionals who have received training in their own discipline and who have gone on to supplement that with extra study in parenting. Unfortunately, far too many of these practitioners have little more than a few hours of supplemental work. They are of the opinion that their basic professional preparation qualifies them (e.g., a physician or a nurse) when, in fact, that training includes very little on parenting.

In almost every case practitioners make choices to adapt material or program models in their daily work with parents. These adaptations are made with little or no reference to program efficacy or theoretical consistency, because the practitioners are often neither trained nor supervised in these activities.

Appreciation for the advances in the field and the need for a defined and recognized training track has not yet been established. Only those program models that require training in their model and the state-mandated programs have begun to move the issue forward. And while the latter hold great promise, they are usually focused on practitioners who will be working within their own social service or educational program. The health care and mental health fields are not included.

The newest trend—and one which we believe represents the future of the field—is that of core competency training. This approach seeks to identify the fundamental skills and bodies of information practitioners must master before they work in the field. Within this framework, questions of discipline variations, preparation for differing levels of work, etc., will have to be addressed.

There is, we believe, an existing but undocumented consensus on a number of issues—like definitions, content and attributes of effective workers —that may be solidified within the next year. The FRC "best practices" document is due to be published and the Wheelock College dialogues on parenting education look like valuable steps in the right direction. There is also great potential in the commitment that an organization like Zero to Three has made to make training of practitioners a priority. Investments in these and similar efforts will pay good dividends.

State programs like the ones in Minnesota, New York, Iowa, and elsewhere are important steps forward. They open the door to the potential for—at least on a state level—a universal credential for practitioners. While there is a controversy on the degree to which a credential or fixed standard is consistent with many of the principles of the field (and the inclusion of nontraditional practitioners and volunteers) there *is* much to recommend these efforts. Some have wondered whether parenting education is too narrow to lend itself to a credential, but others suggest that this is the very thing that might make it possible.

FUNDING

Funding for parenting education is difficult to measure. The problem lies in the fact that support for many parenting programs is buried in funding for larger, more comprehensive programs. Nonetheless, expenditures on parenting education have been expanding and now may be nearing three-quarters of a billion dollars annually.

The most significant national efforts have come in the areas of educational readiness, literacy and prevention programs for child abuse, substance abuse, violence, delinquency and teen pregnancy. No other recent legislation has had as positive an impact as that of the Family Preservation and Family Support Act of 1993. This law mandated and funded planning efforts in every state to address a reordering of the provision of services to children and families. While the long-term funding of the act may be in jeopardy, the process it generated will have lasting effects.

There are parenting programs in every state, some large and well funded, others more modest. States like Missouri, Minnesota and Kentucky have mandated statewide programs, most often in the area of school readiness. Most states have had children's trust funds for a number of years. Designed to aid in the prevention of child abuse and neglect, these funds are commonly used to support parenting programs.

Private funding for parenting programs comes from foundations and corporations, with the former accounting for more than 75% of the total of an estimated $130–$150 million.

There are a few identifiable trends in the funding arena:

- While most foundations who fund in the area of children and families or human services are supporting parenting programs, there are no more than a dozen or two that have made parenting education a priority. Of these, almost all are funding programs that are part of the family support movement. Funding for parenting programs in small and community foundations is widespread and growing.
- Funding for parenting is an interest that will be sustained, but most foundations have either chosen a particular set of issues (education, health care) or a target group (poor families, "at risk"). Almost all foundations interviewed indicated that they will continue to fund in the area, although one (MacArthur) indicated they will be cutting back to focus in another related area. Parenting education is not now a primary funding focus for any foundation other than Carnegie's Starting Points and the Commonwealth Initiative. The difficulty is that even with sustained funding, cutbacks at the state and federal levels are placing increased pressure on private sources.
- In general, foundation staff have an average-to-good understanding of the dimensions of parenting education and family support, but there are only four or five we would rate as excellent. They all have a tendency to reflect the opinions of a small group of "insiders" in the field, but especially so if their foundation does not have parenting as a primary interest. A good rule of thumb in assessing this issue was: the less parenting was a funding priority, the more "trendy" (and ill informed) staff opinions became. Most often parenting was viewed as a function of either health and human services or education. None saw it as an interdisciplinary subject (to the degree that it affected their review or funding).
- A group of 10 or 12 parenting programs enjoyed a warm relationship with an individual funder early on and saw an influx of support that played a key role in catapulting them into national prominence. Today these programs are suffering from "steroid withdrawal" as the levels of funding have not been sustained and the programs have been forced to look elsewhere for support.
- Corporations are showing interest, but only if there can be some sort of a direct connection to their corporate image or marketing goals. The days of general human services support for "good causes" is gone.
- Funding for parenting programs may make a quantum leap if managed health care gets interested in a big way. Issues of quality control will be a major problem. The leverage in this arena will be studies that can make the link between parenting programs and reduced health care costs.
- Ironically, as interest in parenting is exploding nationally, the trend in Washington and many state capitals is to reduce funding for programs that target children and families. At the very least the federal government is shifting the funds to the states in the form of block grants, and new battles will have to be fought at the state level for funding priorities. In many cases, the pivotal issue will be which programs enjoy political enthusiasm—what is "hot" politically. It is likely that parenting programs will continue, but they will be funded with fewer federal dollars and there will be wider variations from state to state as to what the goals of the programs are.

INFRASTRUCTURE

This is a field that is largely without an infrastructure. The largest degree of support and leadership seems to come from the Family Resource Coalition (FRC) (Chicago) and Zero to Three (0-3) (Washington), two well-recognized national bodies. Both have strong influence over the field, yet neither can be said to be the standard setter or the primary networking base for parenting education practitioners. FRC has made a strong commitment to advancing family support so that programs and practitioners who are not part of the family support movement have little connection to FRC. Then too, for those who are part of the FRC constituency, there has not been a strong commitment to servicing the needs of parenting practitioners. Zero to Three has a far more focused mission than FRC and tends to appeal to a more professional and clinical audience. The difficulty here is that many parenting programs work with children who are beyond the age of three and most programs are not clinical in nature. Parenting is a priority for 0-3, but they also are not going to be the home for parenting educators.

Given this lack of infrastructure from existing organizations, two or three new groups have formed recently. At the state and regional level there are emerging groups of practitioners that are gathering for networking and professional growth opportunities. The leaders of the nationally replicated programs formed an ad hoc group called Ten Friends of the Field, which met to consider common concerns, but also functioned to a degree as a national leadership council (they have since disbanded). One group, CICC, created the National Parenting Instructors Associations (NPIA), which has a membership program and has held three national conferences. For all of their assets, neither of these groups (so far) seems to have the necessary ingredients to serve the field effectively at the national level. (It should be noted that NPIA does seem to be in the process of reconstituting itself in the leadership of its chairperson Jeffrey Morrow. It remains to be seen what changes this will produce, but it is a step in the right direction.)

A newer effort, currently being coordinated by an ad hoc group of leaders in the parenting field and facilitated by staff at Wheelock College, holds promise. Following a gathering of more than 50 leaders from across the U.S., a process has begun that is considering issues of content, training and infrastructure through coordinated task forces.

There is no question that the need for some kind of a national body is overdue. Its task would be to provide the basis for networking and dialogue on the critical issues facing parenting education. From this, movement toward national standards of practice and, possibly, certification might follow. This would also provide a strong base for information sharing, public education and advocacy. Whether any of the organizations or the emerging groups reviewed in this report will fulfill that role remains to be seen, but it is clear that without such an organization or association, the field will continue to fall short on its promise, or at least take much longer to deliver on it.

COMMUNICATION AND MEDIA

A common theme in this report is that of communication, or the lack of it. The decentralized and ad hoc nature of much that is happening in parenting education has created a field that is significantly lacking in awareness of others' accomplishments, critical issues for quality programming, collegial support, and current research and information. Many programs exist in isolation, even within the same city.

There are a number of magazines and Internet sources for parents, but few for practitioners. There is one strong program—Family Information Services—but awareness of their resources is limited. Here and there newsletters exist and some are of good quality, but for the most part there is no one source of printed or electronic dialogue and networking for parenting educators. National magazines and newsletters like those from FRC, NAEYC, 0-3 and the Packard Foundation are well respected, but their readership among parenting educators is only a fraction of what it might be.

Informally, as often occurs in many fields of interest, a small number of national leaders are in dialogue with one another, but this is without form and is usually created out of personal contacts or project opportunities. The average practitioner has little or no access to these discussions.

The import of this lack of communication is that there is a great deal of "reinventing the wheel" in parenting education—at almost every level of program development, but sadly most often in the early stages.

A note on media: This report has not attempted to report on parenting in the media other than occasional references in the narrative. We did not see this as directly within the scope of our report, but deemphasized it further when we became aware of the MacArthur-funded study of the subject being conducted by Rae Simpson and Jay Winsten at the Harvard School of Public Health. We look forward to their report in the fall of 1996.

ADVOCACY

The needs for public education and advocacy on parenting education is great, both for parents and the practitioners who serve them. This activity can be categorized in three areas: promotion of the value of parenting education generally, training and support of parents to exercise power in the arenas that affect their families, and lobbying of policy makers at local, state and federal levels.

Promotion and Public Education

Initiatives designed to impact public opinion on the need for and the availability of parenting education have been slow to develop but are becoming more frequent and gaining momentum. Some national campaigns like the United Way's Success by Six and the NCPCA's Healthy Families America have attempted to promote some aspects of parenting education, although the latter seems to be having a greater impact than the former. The U.S. Department of Education's Family Involvement in Education initiative as part of Goals 2000 has seen modest success. These efforts have coupled with those of other national, state and local organizations to create an awareness of the subject, but until recently had not built the critical mass to have a sizable impact.

In the last two years however, parenting has catapulted to the forefront of a series [illegible]ly visible programs. National television has "di[illegible]" parenting, and everywhere—from Opr[illegible]N—parenting shows and features are appea[illegible]as also become a "hot" issue for advertisers [illegible]nt to emphasize their connection to families (e[illegible]MOs and other insurers who want to reach young families). Rob Reiner is producing a major national TV special on parenting to air in the spring of 1997.

What's missing here is the consistency of message and the connection to community-based programs that can meet the ongoing needs of parents. When these shows offer an "800" number, who will be answering the phone? When they mail out literature, who will have prepared it? When they recommend a program, who will assure that it is any good—or that parents get connected to quality programs?

Empowerment of Parents

One of the exciting trends, particularly in the area of education, is that parents are being afforded greater and greater access to the systems that affect their children's lives. That's the good news. The bad news is that there have been very few concentrated efforts to train and support parents for this role. Thus, they find themselves in new roles for which they are unprepared and either lose heart or run into strong criticism of their not being up to the task.

A series of programs have sprung up in recent years to begin to address this problem, and their contribution must be seen as vital to the overall success of the parenting education and family support movement.

Another facet of the desire to empower parents has been those attempts to create what has been billed as an "AARP for parents." At least three aspiring organizations are currently working, none with national impact. The critical factor in their failure to achieve large-scale success is the lack of a long-term funding design. A recent entry into the field, ParentSource, is a for-profit company that has major corporate funding support and a business plan that will see in excess of 1 million members in two years. The second stage of their plan is to have an "advocacy" arm and their own foundation. What will happen, of course, remain to be seen, but the financial muscle seems to be in place.

Lobbying

What lobbying is done on the subject of parenting education usually takes place as part of a larger more comprehensive effort. There are, to be sure, many parenting groups that have a strong presence in Washington and various state capitals. But we are aware of only a handful of parenting organizations that have made a specific commitment to lobby and/or have lobbyists on their staffs. The obvious issue here is the threat to one's tax-exempt charitable status.

Some lobbying is being done by the large national associations—like the Family Resource Coalition, Zero to Three and NAEYC—but here the efforts are more the education of policy makers than overt lobbying. The only group that carries the parenting banner in open lobbying is probably the Children's Defense Fund and its affiliates at the state and local level.

Parenting education will need a more effective voice nationally and among policy makers at all levels if it is to secure its vision of universal parenting education. Failure to address the issues of advocacy could result in the loss of momentum and financial support for the very things the field has been seeking for more than a generation. But, in order for this to happen, there will have to be a stronger and more consistent base. The lack of commonly held definitions, accepted approaches and practices, and content consensus are serious handicaps to successful advocacy.

SUMMARY

What these conclusions reveal is the potential and the challenge facing the young field of parenting education. Its assets are many, but its weaknesses are not insignificant. How it builds on those assets and uses them to overcome the weaknesses will be the challenge of the next three years. Above all the problems of effective national leadership, training, evaluation and advocacy loom large. Each represents a critical arm of a much-needed infrastructure.

Parenting education does not need more pilot projects or new program designs as much as it needs to strengthen what it has and build a more secure base. Targeted investments in these areas can leverage what has already been accomplished to produce results that will enable the field to deliver on its enormous potential.

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